

County Borough



of Blackburn.

# ANNUAL REPORT

UPON THE

## Health of Blackburn

AND

# ANNUAL REPORT

ON THE

## School Health Service

For the Year 1953.

BY

V. T. THIERENS, M.B., Ch.B. (L'pool), D.P.H. (Cambridge)

MEDICAL OFFICER OF HEALTH,

PRINCIPAL SCHOOL MEDICAL OFFICER.

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BLACKBURN

THOMAS BRIGGS (BLACKBURN) LTD., 73 NORTHGATE



# Health Committee.

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## THE MAYOR

(MR. COUNCILLOR R. WEIR, J.P.)

## ALDERMEN :

CRITCHLEY, J.P.

HORNE.

## COUNCILLORS :

SHWORTH

BOLTON  
(VICE-CHAIRMAN)

BROGDEN

UNLIFFE

LOMAX

McNAMEE (MRS.)

McNAMEE (Miss)

WHITEHEAD, J.P.  
(CHAIRMAN)

WILKINSON

## Co-OPTED MEMBERS :

AKERS, H., MRS.

SOUTHWORTH, H., M.D., CH.B.

COWPE, F., MRS.

STEPHENSON, R.

O'DRISCOLL, D., M.B., CH.B.

## PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

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*Medical Officer of Health and Principal School Medical Officer :*

V. T. THIERENS, M.B., Ch.B., D.P.H.

*Deputy Medical Officer of Health and School Medical Officer :*

J. Q. MOUNTAIN, B.Sc., M.D., D.P.H.

*School Medical Officer :*

S. A. STYLES, M.B., B.Ch., B.A.O., D.C.H., C.P.H. (from November, 1953).

*Assistant Medical Officers, (Part-time) :*

M. M. THIERENS, M.B., Ch.B.

E. CARTER, M.B., D.P.H.

C. Y. HOWARTH, M.B., Ch.B.

EILEEN PARKINSON, M.R.C.S., L.R.C.P.

MARGARET C. WATKINSON, M.B., B.S.

MARY K. HALL, L.R.C.P., L.R.C.S. (from February, 1953).

*Part-time Consultant Medical Officers :*

A. L. McADAM, M.D., (Cardiology).

L. A. LEDINGHAM, M.B., Ch.B., M.R.C.O.G. (Obstetrics and Gynaecology)  
(to July, 1953).

E. J. MITCHELL, M.B., Ch.B., D.O. (Ophthalmology).

L. READ, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P. (Venereology).

J. G. THURSTON, B.A., M.B., B.Ch., M.R.C.O.G. (Obstetrics and  
Gynaecology), (from October, 1953).

R. WARD, M.D., M.R.C.P. (Chest Physician).

J. M. WISHART, F.R.C.S., M.B., Ch.B. (Oto-Rhinology).

*Dental Officers :*

H. YATES, L.D.S., Principal School Dental Officer.

J. RIGBY, L.D.S.

J. GREGSON, B.D.S.

*Chief Sanitary Inspector : abcd* F. B. ADDY.

*Superintendent Nursing Officer : \*†‡a* Miss L. M. BROWN (from Dec., 1953)

*Superintendent Health Visitor : : \*†‡* Miss M. JONES (from February, 1953)

*Non-Medical Supervisor of Midwives and Superintendent District Nurses*

\*†§¶ MRS. M. H. THOMASON (to July, 1953).

\*†§‡ Miss A. O'CONNELL (from December, 1953).

*Chief Clerk : a* T. HODSON.

*Sanitary Inspectorial Staff:*

Deputy Chief Sanitary Inspector: *ab*F. SAUNDERS; Sampling Officer: *abc*T. G. MARSDEN; Senior Meat Inspector: *ab*C. AINSWORTH; Assistant Meat Inspector: *ab*J. HANDBY; Factories Inspector: *a*J. PYC; Housing Inspector: *a*F. FORREST; District Inspectors: *abd*C. SUTTON, (to 14/6/53), *a*N. MORRIS, *a*J. H. TURNER, *ab*G. F. HOBSON (to 15/2/53), *ab*J. K. BLAKELEY, *ab*A. BARKER (from 4/8/53), *ab*M. T. KILYON (from 3/8/53).

*Pupil Sanitary Inspector*: R. FARRINGTON.

*Health Visitor/School Nurses:*

*††Miss M. JONES (to 31/1/53)	*††§Miss D. DARBYSHIRE	*††§Miss F. WRIGLEY (to 30/9/53)
*††§Miss V. E. GILL	*†Mrs. M. RUSHWORTH	*††Miss M. LONGWORTH
*††§Mrs. G. A. WHITESIDE	(to 30/9/53)	*†§Miss M. DUXBURY
*††Miss M. WILSON	*††Mrs. B. M. SIGSWORTH	*††§Miss M. THEXTON
*††Mrs M. CUTLER (to 29/8/53).	(from 1/1/53)	(from 1/9/53)

*School Nurses*: \*†Miss A. MORAN; \*Miss L. KELLY.

*Clinic Nurses*: \*†§Mrs. A. TAYLOR, \*†Mrs. M. A. MORLEY (from 2/11/53).

*Tuberculosis Nurse*: \*††Miss A. M. THOMPSON (Part-time).

*Midwives and Home Nurses:*

1st Assistant, *†§†Miss J. ATKINSON (to 25/9/53).	*†§Miss D. M. CLARKE
*†§†Miss I. BOSWELL	*†§Miss V. GEELAN
*†§Miss J. CUNNINGHAM	*§Mrs. M. HUTCHINSON
*†§Mrs. K. K. DUCKWORTH	*†Miss L. HARGREAVES
Miss Y. M. FLYNN	†Miss M. A. HARGREAVES
*†§Miss M. GREGSON	*§Mrs. O. HEANEY
§Miss H. HARRISON	*§Miss D. HUGHES
*†§Miss D. MILNER	*†§Mrs. M. T. LIVESEY
*†§Mrs. E. MCKAY	*†Miss H. MATTHEWS
*†§Mrs. E. PRESTON	*†§Miss M. MORGAN
Mrs. E. TAYLOR	*Mrs. D. POMFRET
*†§Mrs. M. YOUNG	*†Miss E. J. PRINGLE
Mrs. E. HOUGHTON (Part-time)	*†§Miss M. THEXTON (to 31/8/53)
Mrs. S. P. BRENNAN	*†Mrs. M. EVANS (Part-time)
§Mr. S. G. WADDINGTON	*†§Mrs. F. CLARKE (Part-time)
§Mr. J. W. WARD	*Mr. J. S. ROBINSON
*†§Miss M. CAINE	*Mr. L. J. DYSON

*Clerical Staff :*

Senior Accounts Clerk, *a*J. R. MARSDEN ; Senior Clerks, F. G. LONGLEY, Miss C. HAWORTH, Miss E. COMBERBACH, Miss M. DARBYSHIRE ; Clerks, D. A. CARTER, G. SHAW, M. D. COWELL, R. RILEY, D. SMITH (Temp. to 2/5/53 O.H.M.S.), F. BRYNING, Miss D. LEAVER (to 5/4/53), Miss D. M. McARTHUR, Miss M. J. PUGH, Miss J. LAZENBY, Miss W. WALMSLEY, Miss M. DOBSON, Miss M. CAUNCE, Miss M. WATSON, Miss D. WESTWELL, Miss M. HEALD, Miss E. M. COTTON (from 2/11/53).

*Mental Health Staff :*

Duly Authorised Officers, W. DEWHURST and F. BROADLEY ; Mental Health Worker, Mrs. M. LAWSON ; Clerk/Authorised Officer, J. J. BAMBER ; Supervisor Occupation Centre, *k*Miss E. M. KNOTT ; Assistant Supervisors, Occupation Centre, Mrs. P. STEWART, L.R.A.M., Miss E. HOLDEN, Mrs. J. HOLDING (from 16/6/53) ; Trainee Assistant Supervisors, Miss B. A. BOLTON, Miss M. P. KENYON (from 31/8/53), Home Teachers, *j*Miss L. KILSHAW.

*Physiotherapists :*

Mrs. M. KEMPTON, C.S.P. Mrs. G. IBBOTSON, C.S.P. (Part-time to 31/1/53).  
Mrs. D. E. M. KENYON, C.S.P. (from 3/3/53).

*Orthoptists :*

Miss J. CHEATLE, D.B.O. (to 30/11/53) *Senior Orthoptist.*  
Miss A. TAYLOR, D.B.O. (from 1/1/53), *Assistant Orthoptist.*

*Home Help Organiser :* Miss E. BINKS.

*Diphtheria Immunisation and Vaccination Organiser :*

Mrs. E. BURTON.

*Day Nursery Matrons :*

St. Alban's Place : *h*Miss J. WILSON  
Holden House : *f*Miss J. HAWORTH  
Intack : *h*Miss E. HOWARTH (Acting Sister-in-charge)  
Church Hill House : \*Mrs. M. POWELL (to 24/1/53).  
Albion Street : *h*Mrs. B. NAWROCKI  
Stancliffe Street : \*Mrs. B. REID  
Lincoln Street : *gh*Mrs. M. ATAMANIUK.



*Ambulance Station Officer :*

F. BANNISTER

*Dental Attendants :*

MISS M. TOTTY (Senior Attendant) ; MISS L. E. WALSH ; MRS. D. WALSH.

*Clinic Attendants :*

MISS E. CLAYTON (from 2/3/53)

MRS. U. TREEN (to 17/1/53)

MISS E. M. PRESCOTT (from 14/1/53).

*Public Analyst (Part-time) :*

J. F. CLARK, M.Sc., F.R.I.C.

*Key to Qualifications :*

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|--|---|
| * State Registered Nurse.  | d Certificate in Sanitary Science as applied to Buildings & Public Works. |
| † State Certified Midwife.   | e Certificate of the Institute of Public Health and Hygiene.              |
| ‡ Health Visitor's Certificate of the Royal Sanitary Institute.                            | f State Registered Sick Children's Nurse.                                 |
| § Queen's Nurse.   | g State Enrolled Assistant Nurse.   |
| ¶ Midwifery Teacher's Diploma.   | h Nursery Nurse.  |
| a Certificate of Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board. | j Certificate of the Royal Medico-Psychological Association.              |
| b Certificate in Meat and Other Foods.   | k Diploma of Mental Health Occupation Centre Staffs.                      |
| c Smoke Inspector's Certificate.   |   |

PUBLIC HEALTH OFFICE,

BLACKBURN.

April, 1954.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

Herewith my **Annual Report** for 1953.

Perusal of the Report shows a year both of consolidation and modest progress despite **shortage**, particularly so of medical **staff**.

The medical administrative side is under establishment despite a 33 per cent. increased national intake of medicals since 1939. Full-time public health service, in this Department at any rate, must have less appeal than pre-War, when advertised vacancies attracted a wide range of well qualified men or women; now we either "draw blank" or, if lucky two, or so, aspirants.

The Department is fortunate in its part-time medical officers who have worked well and taken on jobs outside their terms of contract without raising "overtime" issues, and kept the clinical side of the Department in excellent order. To them my thanks.

Of 4,680 **Sanitary Inspector** posts available in England and Wales, 400 are unfilled. The intake of trainees has fallen from 150 in 1951 to 52 (*i.e.*, one quarter the number required to maintain the service), in 1953. Approved Departmental establishment is 13 qualified inspectors (including specialists), actual is 12. This deficiency has caused little neglect of essentials although it will be difficult to cope with the duties proposed by the new housing and food legislation.

The **Health Visiting** situation is worse, the approved establishment being 17, actual 10. Deficiencies have been partially adjusted by using 4 nurses (without the health visitors' qualification) for general clinic duties aged-sick follow-up, clinic defaulters, etc.



The **Vital Statistics** are again satisfactory.

Below I set out comparative figures for the Borough (1952 and 1953), England and Wales and 160 County Boroughs and Great Towns.

	<b>Blackburn</b>		<b>England &amp; Wales</b>	<b>160 Great Towns</b>	
	1953	1952	1953	1953	
Live Births .....	13.07	13.78	15.5	17.0	Per 1,000 home population
Still Births .....	25.27	32.6	22.4	24.8	Per 1,000 total births
Deaths—All Causes ...	14.51	14.47	11.4	12.2	Per 1,000 home population
Tuberculosis ...	0.23	0.30	0.20	0.24	
All causes under one ...	28.03	31.72	26.8	30.8	Per 1,000 live births
Enteritis and Diarrhoea under two ...	0.70	0.66	1.1	1.3	
Infant Mortality .....	1.37	1.27	0.76	—	Per 1,000 total births

The main points of interest are (1) the **birth-rate** (13.0), which is less than that for the Country and slightly down on last year, (2) the **maternal mortality rate** (1.37), approximately the same as in 1952, is almost double that for the Country, (3) the **infantile mortality rate** (28), the lowest ever, which compares not unfavourably with the national figure and is better than that for the Great Towns.

#### **Maternity and Ante-Natal Services.**

Statistical data covering this service are set out on pages 66 to 72 of this Report.

Your ante-natal scheme is good and complete, apart from the inconvenient quarters in which the work is done.

The number of births (372) attended by the Domiciliary Midwives fell as a result of the increased number of institutional beds. The staff has been adjusted accordingly. Original proposals for the purposes of the Act fixed an establishment of ten midwives in terms of full-time service, a number not justified by case load. Closure of Springfield will probably require an upward adjustment but not to the original figure.

Full use has been made of gas/air analgesia, 11 machines being available at the Home. Of confinements attended during the year, 77.1 per cent. had analgesia.

There were two **maternal deaths** during 1953, both **possibly preventable**.

**Case 1 :** Neither the patient nor her family suspected pregnancy and there was some delay in summoning medical assistance as neither patient nor relatives considered her "upset" warranted calling in a doctor. When the doctor arrived the patient was dead, the cause of death as certified following post-mortem and inquest being "Internal haemorrhage due to ectopic gestation."

**Case 2 :** A patient with a history of toxæmia in three, out of four, previous confinements.

She received adequate ante-natal care during her fifth, and fatal, confinement but developed toxæmia at the 7th month of pregnancy, and was admitted to hospital, developed post-partum eclampsia and died from acute liver necrosis and heart failure.

The Consultant Obstetrician reports "It is easy to be wise after the event, but we were 'trying to be too clever' here, I think, and produce another viable child."

### Child Health.

During the year an additional Centre (one session per week) was opened at the Leamington Road Baptist School in order to ease attendances at Kendal and Cornelian Street Centres, and to better serve the "West End" district. This it has done, but the whole question of attendances at Child Welfare Centres is to be reviewed in order to conserve medical and health visiting time.

The proposed **Health Centre** in Richmond Terrace, immediately adjoining the Health Office, will show **rental savings** which should cover erection outlay in a few years, and also save medical and nursing time.

In 1951 the **Health Department**, in association with the Welsh National School of Medicine and medical officers of 14 representative areas, began an exhaustive **infant morbidity and mortality survey**, designed to solve *inter alia*, the following :—

- (1) The amount and nature of illness and disability in the first year of life and at different periods during that year, among male and female infants born during 1952, and the seasonal trends of the different causes of infant sickness.
- (2) The relationship between infant morbidity and social conditions such as housing, legitimacy, etc.
- (3) The cause of infantile deaths during the years 1952 and 1953.
- (4) The extent of congenital malformation and low grade mental deficiency in infants.

This enquiry will cover **some 24,000 births** occurring in **14 areas** different industrially, climatically and socially, and should give informative result. Details have been submitted to the Welsh National School of Medicine for statistical analysis. The findings, published as agreed by the participating medical officers of health and the originator of the investigation (Professor Grundy, Mansell Talbot Professor of Preventive Medicine, the Welsh National School of Medicine), may not be available for two or more years.

Infantile mortality and morbidity calls for research into cause and prevention. The present investigation is definitely worth while.

One aspect of this question requires **urgent attention**, namely the statement of the paediatric consultant that, due to **lack of hospital facilities**, "we lose twice the number of premature infants that we should," and that "until adequate **isolation facilities** are provided for full-term babies at Queen's Park Hospital the neo-natal **death rate** in the area is bound to remain **higher** than should." He has stressed to me the inadequacy of isolation and observation facilities and I agree with his views, which I mention only because of their effect on these shortcomings upon infantile health, a matter of equal interest to Health and Hospital Committees.

His criticism was supported by a drawn-out and smouldering outbreak, fortunately of mild type, of neo-natal sepsis in the Queen's Park Hospital. I collaborated in its investigation with the pathologist, paediatrician and obstetrician concerned. Little conclusive was learnt though five members of the staff were found to be suffering from *Staphylococcus Pyogenes* infection. They were not "tied up" to the infantile infections as no Phage typing was done.

About the same time certain of the Child Welfare Clinic Medical Officers noted an increased prevalence of staphylococcal infections of children who had no connection with Queen's Park and which coincided with a somewhat heavy incidence of "colds" in the district. Our guess, intelligent or otherwise, was that the Hospital difficulties may have been part and parcel of a widespread staphylococcus infection in the area.

There is one form of infantile morbidity namely, **burns and scalds** sustained in the home, which is preventable and therefore inexcusable. Particulars of forty-eight children under the age of five treated in hospital were notified to and followed up by this Department during the year. The bulk of them due to carelessly placed kettles, pans of hot water, "rickety" fire-irons, etc., could have been avoided by simple care.



To secure quick and specialised treatment of burns in children under the age of 15 years there is a special unit at **Booth Hall Hospital**, to which the Regional Board hopes that all for whom hospital treatment is essential and who can reach the unit by ambulance within one hour of injury will be sent direct. As the journey from Blackburn, under normal traffic and weather conditions is within this time, all our cases should go there.

I have not so instructed the ambulance personnel as I consider it would be **tempting providence** to carry badly burnt cases **past the Royal Infirmary** door instead of leaving them there for resuscitation, restoration of fluid loss, general treatment, etc.

Burns represent but a fraction of the number of home accidents which Sir John Charles, Chief Medical Officer to the Ministry of Health, points out in his Annual Report for 1952 account for the deaths each year, of 900 children in this country under the age of five years, a number which far exceeds the combined deaths at all ages over the last five years from whooping cough and diphtheria.

### **Domiciliary Nursing.**

The **cost** of the Home Nursing service, one of approximately £13,000 for the financial year ended March, 1954, works out, after deduction of Government Grant, at approximately  $\frac{1}{3}$  per head of population per year, not heavy for the high standard of services given.

None the less the Committee are anxious to secure economies, provided that they do not prejudice those using the service nor the contentment and comfort of the staff who give it so efficiently, and have cut down expenditure in various ways.

For instance, when the Corporation took over, the approved establishment for the purposes of the **N.H.S. Act**, was the equivalent of **30 full-time nurses**, including the Superintendent and two Administrative Assistants. Although a good proportion of the nurses' visits are to the aged sick, and therefore more lengthy than simple dressings or injections, it was felt that a more reasonable **establishment** would be one of approximately **25 or 26**. This readjustment has been made without detriment to the patients and still leaves Blackburn in a better home nursing staff position than many towns with comparable or even larger populations.

The proportion of part-time or non-resident to whole-time residents is very high and reduces staff flexibility. It has, however, enabled us to close the new wing of the home with consequential domestic and upkeep savings.

Statistical details of the work done is set out on page 75 of this Report

### Co-ordination of Health Services.

On account of **increased departmental activities** (*e.g.* care and after-care, aged sick enquiries, etc.) since the appointed day, a superintendent health visitor was appointed on the 1st April, 1950, to co-ordinate the old and new services.

Since then there have been further **expansions** such as additional clinics, extended after-care arrangements, the jelly-patch testing of school children, organization of the domiciliary nursing and midwifery services following the resignation of Mrs. Thomasson (Superintendent), extended day nursery and occupation centre facilities, and the oversight of medical affairs connected with the Children's Department. It became obvious that a **Superintendent Nursing Officer** was needed to supervise nursing activities and to correlate Health Department services under the National Health Service Act the one with the other, with Corporation departments engaged in social work (*e.g.* Welfare Services, Children's and Education Departments), with various voluntary organizations and with the Hospital Management Committee Almoners and Social Workers.

Such an **appointment** has now been made on lines suggested in Ministry of Health Circular 118/47.

Despite the unfortunate dichotomy which now splits preventive and curative medicine, the **Health Department/Hospital Management Committee** relationship is close and **friendly**, due partly to the fact that the Council has adequate representation on the latter Committee and to the almost daily contact of the Committee's Secretary and myself on matters of mutual concern where one Department (Health or Hospital) can help the other out. Again, the **association** of five **consultants** (Mr. Wishart, Dr. Mitchell, Dr. McAdam, Mr. Hurston and Dr. Read) with **clinics** held on **Health Department** premises ensure close liaison between the preventive and curative sides and a better appreciation of one another's aims and difficulties than "paper contact" could secure.

Another example of Health Department/Hospital association is the transmission by the **Almoner of information** covering all cases of **malignancy** prior to discharge from hospital, and who will require ancillary services in the form of Domestic Help, "Meals on Wheels," home nursing, etc., on return home.

As difficulty may arise in connection with **diets** of patients, particularly **diabetics** either discharged from Hospital after in-patient treatment or still attending as out-patients, their particulars are sent to us for **follow-up** by the **Health Visitor** of the district concerned, to ensure adherence to the dietary routine. Had we the available staff I should like to see this procedure extended to peptic cases.

By arrangement with the **Paediatric Consultant, Health Visitors** attend, on rota, his **outpatient sessions** and ward rounds. This is helpful as regards Section 22, 25 and 28 services under the N.H.S. Act.

About 60 per cent. of our **nursery students** profess an engagement their intention to proceed with **general training**, though not all of them actually do so. Of those who begin the course, many go to outside hospitals but some (whether they begin their training in Blackburn or elsewhere) on finding out that hospital nursing is not their metier, fail to stay the course.

With the triple objects of enhancing nursery efficiency, of attracting Nursery Students to our local hospitals and of disillusioning those with ideas that hospital life is all glamour, our students have been taken under the wing of **Blackburn Hospital Matrons and Sister Tutors** in association with the Superintendent Nursing Officer. The Students will share certain of the activities, instructional and social, enjoyed by the Preliminary Training School, making friendships which should attract them to Blackburn hospitals.

Certain of the "**meals on wheels**" recipients are to have **salt-free diets** which our bulk eaters cannot provide. These will be made available through the **hospital kitchen** whence they will be taken by our **delivery van** to the homes.

The above, only a few examples of the local spirit, show what can be done by **good-will** and common sense on the part of the Health and Hospital Authorities. In this connection I would mention the useful part played by the **Chairmen** of the Health and Hospital Management Committees. Both realise that everything is to be gained by friendly co-operation and mutual trust, and that the Health Department and Hospital can each play a part in furthering the aims the one of the other.

The Chairman of the Management Committee was quick to appreciate the part which a Medical Officer of Health can play in hospital administration and was in no small measure responsible for defining my position as regards infection and other matters of possible public health interest occurring in hospitals.

**Co-ordination** of the Local Health and Hospital Service is **good**, but it is very **unfortunate** that there is **no Advisory Committee** to link up the three bodies locally responsible for National Health Service affairs.

The objection of the Local Medical Committee that an Advisory Committee, lacking executive powers, would be ineffective, is groundless, as witness the activities of the now defunct Joint Hospital Advisory Committee which though non-executive, brought about a comprehensive range of specialist services in its brief four years of existence before the "appointed day."



ged Sick.

At December 31st, 1953, 81 aged sick, resident in the Borough, awaited admission to Queen's Park Hospital: during the year 63 were admitted after social need screening" by this Department, 617 visits being paid for the purpose. The average waiting period for top priorities was 16 days, although fire emergencies have been admitted in a matter of hours. Those lower than top category have little chance of early admission unless "fortunate" enough to contract some emergency needing immediate treatment. It is useless to recommend on social grounds anyone below Category 'A'; this I say in no hurrying spirit, but with ready acknowledgement of the help and difficulties of the Hospital administrators, who are faced with a shortage of beds plus an ever-increasing proportion of aged and fewer young relatives capable of looking after them.

The following shows in greater detail the cases dealt with during 1953.

Remaining on list at 31st December, 1952	...	...	69
(Males 17, Females 52)			
New Cases during 1953	...	...	215
Total Cases dealt with during 1953	...	...	284
Admitted to Queen's Park Hospital	...	...	63
Died before admission	...	...	46
Admitted to other hospitals, institutions, etc., or not graded suitable for chronic sick wards	...	...	66
Taken off list as recovered, left town, etc.	...	...	28
Remaining on list at 31st December, 1953	...	...	81
(Males 19, Females 62)			
Number of Visits made	...	...	617
Average waiting period for 'A' urgent cases—			
Males	...	...	6 days
Females	...	...	19 days
Males and Females	...	...	16 days

Since 1949, the number of staffed beds in England and Wales for the reception of chronic sick has increased from 50,000 to 54,000, though a further 600 beds lie empty due to lack of nurses. The Minister of Health stated (December 14th, 1952) in the House that in 1947 there were 6,500,000 people over pensionable age, and in 1977 there would be 9,500,000. Further, the expectation of life for a man over 65 years is now  $12\frac{3}{4}$  years, that for a woman sixty  $18\frac{3}{4}$ . These statistics indicate that the extra beds proposed for the aged local sick will probably do little to stem the tide which already engulfs the Hospital Management and Health Committees. In fact, I fear that the forty additional "aged" beds shortly to be opened at Clitheroe Hospital may serve only to bring to light a hidden reservoir of aged sick in need of admission.

As a result of the Hospital Management Committee's decision to cut out redundant maternity beds (there were 128 in the Group with 70 per cent use in 1952 and 82.3 in 1953) by closing Springfield (22 beds), additional accommodation will be there provided for 30 female aged sick.

The following brief description of three average cases recommended for hospital admission gives some idea of the tragic position in which many, in the evening of their days, find themselves.

*Case 1:* Female, aged 70+ years. Bed-ridden, cerebral haemorrhage. Depends for night-time care on a child aged 11 years.

*Case 2:* Male, aged 77 years. Cardiac failure, living alone, no relative in the Borough.

*Case 3:* Female, aged 84 years. Living alone, bed-fast with rheumatism. Is looked after during the day time by two relatives, aged 85 and 83 respectively who take turns with three relatives who reside in Darwen.

During the year action was taken only once under Section 47 of the National Assistance Act as amended by the Act of 1951. The case was that of an old person, aged 94 years and living alone for whose removal the Bench made an order.

The Corporation obtained "compulsory removal" powers in the local Act of 1929 owing to the then difficulty in obtaining the consent of some in need of institutional care. The position has now gone into reverse; practically without exception those aged without adequate home care plead for hospital admission, we likewise importune the hospitals but they, for reasons outside their control, can help only in a limited way.

### **Tuberculosis.**

During the year 125 cases of tuberculosis (104 pulmonary and 21 non-pulmonary) were notified. The death-rate was 0.23 compared with one in 0.30 in 1952 and 0.51 in 1951.

The falling death-rate is due in part to advances in thoracic surgery and the employment of new drugs, both of which now reinforce the old and time-honoured treatment methods of rest, good food, fresh-air and a well-ordered regime plus the part played by the preventive services in early detection, after-care, supervision of contacts, safer milk supplies, rehousing, etc. Let there be no tendency to overlook the activities of Local Health Authorities in these matters.

**Early ascertainment** (often through the preventive services) and treatment of infected persons means a **better chance of survival**, quicker recovery, and **lessened risk of dissemination**. In these respects the Health Committee leaves little to chance, as is shown by their activities, set out below, during 1953.

The **Mass Miniature Radiography Survey**, which began at the end of 1952 and ended April 4th of the year under review, was a most successful venture and covered 32,958 of the population, comprising 18,355 from industry, 15,578 members of the general public, 5,849 school children over the age of 11, and 176 persons specially referred by general practitioners.

The method used on this survey was new in that multiple M.M.R. units were employed at the same time. For the greater part of the time the survey was made by two units, one static on the most central site available and one mobile visiting 19 different sites at industrial premises, schools, etc. At one period of the survey, four units were in use. Of 298 firms invited to take part, 226 allowed their workpeople to attend during working hours.

The examination of both school children and industrial groups was used as general propaganda for the public. A circular letter incorporating an appointment form was delivered to every household in the town. This was in addition to the usual forms of publicity, posters, advertisements, notices in doctors' surgeries, etc.

As a result of the survey, 51 cases of tuberculosis were notified. This figure gives an overall incidence of 1.5 cases per 1,000 which indicates a **low incidence of hidden tubercle** in the Borough.

A joint report on the survey by Dr. R. Stalker (Medical Director, No. 1 Mass Miniature Radiography Unit) and Mr. J. Evans (Organising Secretary) included as an Appendix to this Report (pages 89 to 100).

**Jelly patch testing** (to ascertain hidden foci of tubercular infection) of **school entrants** was begun in October and, at the end of the year, 173 children had been dealt with.

Seventy-six per cent. of parents approached agreed to the test being carried out, a satisfactory figure which will become higher as the procedure gets better known.

The scheme operates as follows :

A health visitor applies the jelly to children whose parents have signed consent form. Three or four days later a school medical officer "reads" the test and refers all "positives" to the Chest Physician. The subsequent procedure is :—

- (1) X-ray screening of "positives" and Mantoux testing of selected cases at the Chest Clinic.

Children with active, or suspected active, disease will be taken over by the chest physician.

Those showing no active lesions will be followed up for 2 years by the Health Department and X-rayed annually.



- (2) The tracing of contacts is the most important part of the scheme and our aim is a 100% ascertainment and filming with the Watson 4" x 5" camera at the Royal Infirmary. The Chest Clinic will follow-up contacts of active cases or others requiring further investigation.

In 1953 a **Watson's Camera** became available at the Royal Infirmary to which women attending the Health Department **Ante-Natal Clinics** are referred.

During the year 261 women were examined; of this number eleven were referred for further investigation.

The Committee had under consideration at the end of the year the B.C.G. vaccination of older school children, in accordance with Ministry of Health Circular 22/53. Although there are many difficulties (chiefly those of staff) it is hoped to make a modest start in the present (*i.e.* 1954) year. This scheme plus the "jelly patching" and use of the Watson's camera, will be well worth while and should further reduce the falling death-rate from tubercle, although it may well increase the number of notifications.

By arrangement with the Estates and Housing Committee a degree of housing preference is given, where recommended by this Department, to persons suffering from open tuberculosis and living under conditions which favour the spread of infection and to others who, though non-infectious, are likely to benefit by change of residence. In 1953 twelve cases were so re-housed.

Suitable cases are sent to such colonies as Papworth, Barrowmore, Preston Hall and Enham-Alamein for rehabilitation and eventual settlement. At the end of the year, 3 Blackburn patients were being so assisted.

The following is a summary of the work carried out at the Blackburn Chest Clinic during 1953 :—

Number of new cases of Pulmonary Tuberculosis ...	93
Number of contact examinations ... ..	225
Number of visits paid by Tuberculosis Health Visitor ...	924
Number of Children who had Mantoux or Jelly tests and B.C.G. ... ..	27
Number of Children who had Mantoux test only. Positivo ... ..	34
Number of Children who had Mantoux or Jelly tests one year after B.C.G. Vaccination, and all found positive ... ..	43
Number of children and young persons who had Mantoux or Jelly tests for diagnostic purposes ... ..	44
Number of children who had Mantoux tests after Jelly tests at school ... ..	17

### Meals on Wheels.

At the end of 1953, sixty-five persons were being provided with meals under Section 28 of the Act. During the year, a hundred and one new cases were taken on and one hundred and twenty-seven were discontinued. Seven thousand nine hundred and twenty-eight meals were delivered, an average of thirty-two meals per day.

### Loan of Medical Equipment.

Articles of equipment are loaned from the depot adjoining the District Nurses' Home in St. Peter Street.

On the whole the users treat the loaned articles with care and cases of improper usage are rare in the extreme.

During the year, 801 items of equipment were loaned, fees of £104 14s. 6d. being paid in this respect. Articles to the value of £12 15s. 1d. were also sold outright.

Details of loans were as follows :—

Bed Pans .....	169	Air Cushions .....	40
Steam Kettles .....	1	Air Rings .....	164
Urinals .....	66	Back Rests .....	115
Mackintosh Sheeting (1½-yds.).....	199	Air Beds.....	3
Bed Cages .....	28	Chairs .....	9
		Crutches .....	7

### Convalescent Treatment.

During 1953, 22 persons were granted periods of recuperative rest under the Authority's scheme at a gross cost to the Authority of £159 15s. 0d. ; of this sum, £44 14s. 2d. was recovered from the recipients.

Eighteen adults were admitted to the Blackburn and District Home at St. Annes, whilst four children were admitted to the Ormerod Home for children. Altogether, one person paid full cost, 19 paid reduced cost whilst two persons were admitted without cost to themselves.

### Veneral Diseases.

I am indebted to Dr. L. Read (Consultant Venereologist) for the following details of the work carried out at the Special Treatment Clinic in the Public Health Department during 1953 :—

				<i>Male</i>	<i>Female</i>	<i>Total</i>
Total number of new cases	...	...	...	8	56	64
Transferred in	...	...	...	—	3	3
						<hr/> 67
Attendances to see Medical Officer	...	...	...	...	392	
Attendances for intermediate treatment	...	...	...	...	131	

**New Cases.**

The eight male cases were sons of syphilitic women treated or observed during their pregnancy, and in no instance was there any evidence of congenital infection.

The female cases were diagnosed as follows :—

Non-venereal and requiring no treatment	...	...	15
Non-venereal but requiring treatment	...	...	34
Syphilis	...	...	7
Gonorrhoea	...	...	1
Transferred in—Syphilis	...	...	2
Gonorrhoea	...	...	1
			60

**Pathological work—**

Smears	...	...	...	...	...	67
Cultures	...	...	...	...	...	63
W.R.	...	...	...	...	...	89
Kahn	...	...	...	...	...	89

It will be noted that once again, cases passing through the town ante-natal clinics, have not recorded a single case of congenital syphilis, or of gonococcal ophthalmia.

Although the total number of new cases has almost doubled, it is due entirely to the increased co-operation from the District and Victoria Street Ante-natal clinics, who send cases of vaginal discharge not as venereal suspects but to ease their lot during pregnancy and possibly decrease their morbidity in the puerperium.

My thanks are due to your Staff, led by Miss Jones and assisted by Miss Darbyshire and Miss Gill for the smooth running of the clinic."

L. READ.

**Mental Health.**

In May of the year under review, a new **occupation centre**, named after **Dame Evelyn Fox**, a pioneer worker in the cause of the Mental Defectives, was opened in the redundant day nursery premises at Gladstone Street. It provides ideal accommodation for 53 children compared with 28 at the unsuitable Alma Street premises and infinitely better opportunities for the staff to carry out their difficult duties. In fact, the Centre lacks nothing, and is a **model of its kind**.

The transfer from Alma Street to the Dame Evelyn Fox Centre gave quick dividends in general improvement of the children. The apathetic now display more interest in their surroundings and in what "is going on," whilst the noisy and over boisterous have become more manageable due to the opportunity of "blowing-off" steam in the larger premises and good playground.



Those of you who attended the Christmas Party at the new Centre remarked upon the better appearance and demeanour of the children. In fact, one experienced mental worker considered that there had been at least a fifty per cent. improvement since he last saw them six months previously. This is due to the better environment which gives greater scope to the children and to an enthusiastic staff recently reinforced by additional trained personnel.

An important part of the mental welfare workers' duty is to **place defectives in gainful employment**. Of Blackburn cases under guardianship (or supervision) or on licence, 35 and 39 respectively have been so placed since 1948. This I consider a creditable performance though more might be done. To this end the Health Committee have accepted the principle of establishing an **Industrial Centre** at which suitable defectives will be engaged in occupations which will, in some degree, render them self-supporting. Obviously a town the size of Blackburn could not find sufficient cases to justify such a scheme which will, therefore, have to be shared by outside Authorities on a user basis as is the Dame Evelyn Fox Centre.

Land is available on a site acquired by the Corporation for a Blind Workshops and Social Centre. I see many difficulties in the way of implementing this proposal which should, however, prove worth while.

A major obstacle to adequate care of mental defectives is that of placing them in institutions.

During the year four defectives were accommodated in Institutions, and at December 31st, eight were still on the list. The latter number covers urgent priorities only and all would be recommended were the bed position more favourable. The fact is, that the Manchester and Liverpool Regional Boards have between them only a fraction of the beds required. The position will be eased to some extent when the efforts of the Manchester Board to recruit additional nursing staff succeed and new accommodation proposed by the Liverpool Board becomes available.

The North is not alone in this bed difficulty, a national one, as the waiting list in England and Wales in 1952 was 9,300, a 75 per cent increase over that (5,316) for 1944.

I have commented elsewhere (v. Survey Report 1952) on ascertainment difficulty due to lack of medical staff. This should improve following the appointment of a full-time Assistant Medical Officer qualified for this purpose.

A much-needed want will be met by the provision at **Four Lane Ends** School of 70 places for educationally **subnormal children** who will there have special training which should enable them to play a more useful future part in communal life.

There has been less difficulty in securing admission of mentally ill persons to hospital due to the opening of additional accommodation (at Queen's Park Hospital) for ambulant cases. Although bed shortage is national, Mental Hospitals are now treating 14.9 per cent. more patients than they have room for.

Senile dementia, not mental sickness in the true sense of the word but part of the general physical break up of old age, is difficult to cope with.

The mental confusion and "awkwardness" of such cases imposes a heavy strain upon their relatives, debars the former if also physically incapacitated from admission to a chronic ward or, if ambulant, to Part III accommodation. As doctors are very rightly loth to stigmatise these unfortunates by certification we are in a cleft stick as regards disposal.

### **Ambulance Service.**

Particulars of mileage run, patients carried, etc., are set out on page 79 of the Report.

The mileage is high, though a weekly check on requisitions shows that most calls are fully justified. One must remember, however, that increase in the specialist services means more patients attending for treatment and a bigger call upon Authority-provided transport.

There is however, **considerable "dead mileage"** as the Ambulance depot is remote from the Hospitals which it serves. Again, unnecessary yet well meaning, calls to minor accidents add to our running. The Committee are considering plans for a **new ambulance depot** on a site convenient to Queen's Park and Park Lee Hospitals, and the Royal Infirmary. Its provision will **save mileage**, and prolong the life of the vehicles which now deteriorate more quickly than they would do if there were adequate cover at Addison Street Depot.

Two sitting-case vehicles were acquired during the year, both are Bedfords: one a 25-h.p. 8-seater and the other a 15-h.p. 6-seater. They have proved a good proposition although the former of the two is, perhaps extravagantly powered for a sitting case vehicle, and is to be converted into an ambulance and replaced by a 15-h.p. six-seater.

### **Housing.**

**Pre-war** there were some **2,000 Blackburn houses** ripe for demolition and even more **sub-standard** ones owing to lack of amenities, dilapidation, general disrepair, etc.

Prior to 1939, property in the Borough was systematically "block surveyed, a practice perforce discontinued owing to other duties spread over depleted staff during hostilities. The system no longer operates as the sanitary inspectors are more than occupied in dealing with defects reported by personal complaint to the Health Department.

During the war bad and good houses deteriorated due to shortage of labour and materials. Although supplies have since improved costs have risen and many "good" landlords find it impossible to maintain their property as they wish to do.

In consequence much property has so deteriorated that the number of houses incapable of being made fit **now** is in the region of **2,500**; still we are better off, particularly so as regards "back-to-back's" than many other towns "planned" at the time of the Industrial Revolution.

The Health Department has a good working picture as to local conditions. Certain areas speak for themselves and, in the words attributed to an expert witness at a local enquiry affecting his City "stand up by force of habit"! Many areas will need little inspection, others will require careful survey to decide whether slum clearance, "patch-up," reconditioning loan, exclusion from official representations, etc., is to be followed. This will be a big job for our inspectorial staff which is over eight per cent. below establishment.

### **Infectious Disease.**

As shown in the Table (page 62) the incidence of infectious diseases was higher than in 1952. due mainly to a big increase in the number of notified cases of measles (1,431 against 674 in 1952).

Once again **no case of diphtheria** occurred, in fact the town has been free since 1948. This can be due only to the **immunisation** state in the borough, which at the end of the year was protected 70.2 per cent. as regards the "under fives" and 94.3 per cent. above that age. The latter figure is satisfactory, but the former is too low to guarantee safety. Sir John Charles, in his most recent Report, quotes three towns which show what can be done as regards the under fives: Cardiff, Salford and Leeds setting the pace with figures of 86.1, 73.9 and 72.5 per cent. respectively. Still our **figure is not creditable** as he mentions that ten other local authorities have less than 50 per cent. of their "under fives" protected. He then says that "It is admitted, however, that this (*i.e.* the total numbers treated) and other estimates of the level of immunity in a district are apt to be deceptive and may give rise to a false sense of security, if regard is not given to the interval since immunization."

**Locally** we try to keep that interval low by means of "booster" doses every five years, the last being given at the close of school life. During 1953 112 "boosters" were given.

The **vaccinal** state of the community is bad (only 391 infants were vaccinated in 1953). The Ministry wisely recommend routine vaccination on entering school and again on leaving school, in addition to primary vaccination in infancy. This is most desirable, but the one thing which will produce a reasonable vaccination state is an occurrence of the disease which vaccination prevents.



There was a slight **increase** in the incidence of **scarlet fever**, a disease of considerably less import than it was fifteen or ten years ago, due to its changed type and **mildness**. In fact, its identity has so altered that the title "scarlet," once very apposite, is a definite misnomer of a haemolytic streptococcal infection now rarely accompanied by a well-marked rash.

Its mortality has shown a downward trend since 1939, giving in 1952 a **fatality rate** in England and Wales of only **0.03 per 100 cases** due, probably, to its mildness plus the curative effects of modern antibiotics.

Official **notification** of infectious diseases has been **satisfactory**, though occasionally the **time lag** between ascertainment and notification might be **improved**. General practitioners, by and large, have been punctilious in their statutory obligation qua notification, and many of them make early approach to the Department about cases where diagnosis is in doubt, a procedure of mutual assistance and one which we appreciate. The main offenders as regards late notification were, until the Hospital Management Committee recently took the matter up, hospital medicals who, though below consultant or senior medical officer grade, should have known better!

By informal arrangement with the **Local Infectious Diseases Hospital** I receive **admission slips** covering the preceding twenty-four hours. These show us what is "going-on" and are a good **check** on "non-notification."

On one occasion only, and that due to some inexplicable reason, has this arrangement fallen down. Fortunately, the Health Department heard of the case (one of dysentery on a dairy farm) through other sources, and was enabled to avert what might have been a nasty situation.

I would remind those who regard **notification** as a red-tape measure designed to gratify the whim of some inquisitive medical officer, that on it depends the **effective control** of infectious diseases.

Almost as important as non-notification in infectious disease control is failure to obtain a **second opinion** if diagnosis of infection is in doubt. Omissions to do so recall a brisk outbreak of scarlet fever, and a mild but expensive outbreak of pemphigus some years ago at an Institution in the Borough.

### **Food Hygiene.**

Readers who visit the **open food market** will have noticed much **improvement** since bye-laws governing the open-air sale of foods came into force. All the traders co-operated well (with one notable exception who came into line only after joint exhortation by the Health and Market Department staffs and met requirements in the letter and the spirit. In no case has legal action been necessary, a step to be avoided until all reasonable and commonsense methods fail.

This improvement is a sign of the times, though food handling is still far from perfect ; witness, for instance, the method of meat delivery to retail butchers.

Another **undesirable** feature is the **exposure** of **cooked** and **raw** meats in the same window, on the **same counter**, handled by hands used for both, and weighed on the same scale, practices which please neither the eye or the palate ! Cooked and raw meats should be **distributed separately** although this may well be difficult in shops with limited window and floor space.

Many food purveyors are punctilious in discouraging access of dogs to their premises but some are less so in such matters as picking up wrapping-paper with a **saliva-moistened** forefinger, or blowing up a **paper** bag for your sweets or meat-pies.

Which is the more dangerous, canine interest in a sack of potatoes, or a saliva-contaminated loaf of bread or bag of chocolates ?

Do **you** refuse to accept comestibles so handled and voice strong objection to the offender or go home and “ grouse ” about Health Department slackness ? It is up to you to protest on the spot.

The British Medical Journal (No. 4846, P. 1147) well sums up the responsibilities of the purchaser in securing clean food as follows :—

“.....the success of the plans to make dirty food a thing of the past will depend upon the public. The ‘ education ’ of food manufacturers and handlers will be painfully slow if the public remain apathetic about the purity and cleanliness of the food they buy in shops, canteens, cafes or restaurants.....”

And again :—

“ Food which is picked over by unclean hands and mutilated in its manufacture, cooking, storing and serving is unsavoury as well as unsafe, and the public should exercise their discrimination and support only those concerns—and fortunately their number is steadily growing—which give food the respect it deserves in a civilised country.”

The purchaser can do much more to raise the standards of food handling and preparation than will legislation and he should patronize only establishments where cleanly methods prevail.

The war saw the introduction of “ feeding out ” on a large scale, a habit which is on the increase as is witnessed by the growing number of cafes, snack bars, etc., and of their users. Legislation has not likewise expanded and “ eating-out ” premises, unless used in connection with the manufacture or sale of certain specified food-stuffs, remain exempt from registration.

True, the Food and Drugs Act 1938 prescribes penalties where foodstuffs are wrongly handled, a measure which is less effective in raising standards than registration powers.

The Food and Drugs Amendment Bill, now before Parliament, will require general registration and also enable the Ministers of Health and Food to make regulations covering all food hygiene.

The task of surveying (for purposes proposed by the Bill) premises previously exempt from registration, will be big, as there are approximately four hundred eating establishments in the Borough. Fortunately we began a systematic inspection of premises at which food is handled, in 1948, and already have particulars of half the local eating establishments. This will considerably ease our work covering this heading.

Some idea of the extent of this inspection is the fact that since 1948 a total of 1,283 premises have been meticulously recorded, in addition to the casual visits paid by the inspectors as part of their routine visits.

During the year under review all grocers shops, 636 in number have been thus surveyed. Analysis of the findings is set out in a special report of the Chief Sanitary Inspector on pages 56 to 59.

### **Educational Activity in connection with Food Hygiene.**

During the past year educational talks have been given to the Grocers' Fellowship (2) and the Licensed Victuallers' Association (2), and a short course of 3 lectures to food handlers in conjunction with the St. John Ambulance Association. In addition seven other talks were given on some aspect of food hygiene to various public bodies.

### **Hairdressing Establishments.**

This trade is subject to no Health Department general control except that under the Public Health, Shops and, where the premises are also used for dwelling purposes, the Housing Acts. Specifically we have no jurisdiction over the trade.

Several hairdressing organisations have drawn up a "**Code of Hygiene**" which is **not mandatory** even upon its sponsors. Inspection of some dozen businesses in the Borough showed infringements of the code by members of the supporting organisations.

The trade affords opportunity for transmitting **bacterial** and **parasitic infections** and should be regulated in the interests both of customer and hairdresser, the majority of whom would welcome legislation to that end.

The Manchester Corporation require **registration** of hairdressers and their premises and have made bye-laws governing the business almost identical with the trade's own "**Code**."

When the Blackburn Corporation seek extended local powers, the Health Committee may think fit to pay attention to the **hairdressing business**.



Perusal of this preamble and accompanying statistical data will indicate the scope of the services which you provide. Personal knowledge of the activities of comparable Health Authorities convinces me that Blackburn is well to the fore. In fact we have all the essentials and many refinements which some authorities lack. The Health Committee may well, indeed, congratulate itself on the way in which it has met its obligations yet without the limelight which it deserves—"a good wine needs no bush!"

We share, with other Authorities, the handicaps due to the existing divided set-up under the National Health Service Act, particularly so of infectious disease control. How far this will be effective the wide-spread prevalence of some severe infection will show. I hope for the best, but much doubt whether the new administration will function as efficiently as did the well-tried system which the Act disrupted.

This Report would be incomplete were I not to mention the energy and loyalty of my office colleagues, particularly so the Heads of the various sub-departments. The latter have kept me "posted" with information, official, semi-official, and frequently humorous, often leading to short cuts instead of a tedious climb over a rough and stony track.

In conclusion, I wish to **thank** the Members of the Health Committee for their unfailing courtesy and help and, in so doing, I particularly single out the **Chairman** and **Vice-Chairman** with whom I spend several hours per week, and whose interest and knowledge have smoothed out many difficulties and thereby shortened the time which you would spend in Committee otherwise.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

V. T. THIERENS.

*Medical Officer of Health.*



*PART I.*

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Vital Statistics.

## VITAL STATISTICS

								1953	
Area (in Acres)	...	...	...	...	...	...	...	8088	
Population (Census, 1951)	...	...	...	...	...	...	...	111,217	
„ (Estimated middle of 1953)	...	...	...	...	...	...	...	109,200	
Total Dwellings Occupied	...	...	...	...	}	1951	}	36,551	
Dwellings Wholly Vacant	...	...	...	...				796	
Total Dwellings Occupied and Vacant	...	...	...	...				Census	37,347
Number of Private Households	...	...	...	...				37,249	
Rateable Value	...	...	...	...	...	...	...	£770,096	
Sum Represented by a Penny Rate...	...	...	...	...	...	...	£3,087	10s. 2d.	
Rate in the £ (excluding Water) 1952-1953	...	...	...	...	...	...	...	22s. 6d.	
Gross expenditure on Health Services to 31st March, 1953 :									
Health Services 1946 Act Account	...	...	...	...	...	£136,797			
do. General Account	...	...	...	...	...	£15,943			
							£152,740		
Income on Health Services to 31st March, 1953, including Government Grant and excluding Rate Aid :									
Health Services 1946 Act Account	...	...	...	...	...	£76,823			
do. General Account	...	...	...	...	...	£1,690			
							£78,513		
Net Expenditure on Health Services to 31st March, 1953 :									
Health Services 1946 Act Account	...	...	...	...	...	£59,974			
do. General Account	...	...	...	...	...	£14,253			
							£74,227		
Live Births	{ Legitimate	...	1370	}	M. 716	}	Birth Rate	...	13.07
	{ Illegitimate	...	57						
			1427						
Number of women dying in, or in consequence of, child-birth, from—									
Sepsis	...	...	0	{	1.37	{	per 1,000 births & stillbirths		3'
Other Causes	...	...	2						
Still Births	...	...	...	...	...	...	...	25.2'	
Rate per 1,000 total births	...	...	...	...	...	...	...	14.5'	
Deaths	...	...	{ M. 755	}	1585	Death Rate	...		
	...	...	{ F. 830						

Percentage of total deaths occurring in public institutions ... 34.83

Deaths of infants under one year of age per 1,000 live births :—

Legitimate ... ..	27.00
Illegitimate ... ..	52.63
All Infants ... ..	28.03

Death rate from Measles (all ages) ... ..	Nil.
„ Whooping Cough (all ages) ... ..	Nil.
„ Diarrhoea (under two years of age) ... ..	0.70
(Per 1,000 births).	
„ Cancer (all ages) ... ..	2.62

The **Births** registered were 1,427, of which 57 were illegitimate. The total male births were 716, and female 711. The birth rate was 13.07 per 1,000, compared with 15.5 for England and Wales, and 17.0 for the 160 great towns.

**Deaths.** The total number of deaths registered was 1,585, of which 55 were males and 830 were females. The death rate was 14.51 per 1,000, compared with 11.4 for England and Wales and 12.2 for the 160 great towns.

### CAUSES OF DEATH.

During 1953 the chief causes of death were :—

<i>Disease</i>	<i>No of Deaths</i>	<i>Deaths per 1,000</i>
Organic Heart Disease .....	215	1.96
Cancer ... ..	287	2.62
Bronchitis ... ..	103	0.94
Vascular Lesions of Nervous System ...	207	1.89
Circulatory System ... ..	415	3.80

Diseases of bodily systems and group diseases to which death was assigned are as follows :—

<i>Disease</i>	<i>No. of Deaths</i>	<i>Deaths per 1,000</i>
Respiratory System (Non-Tubercular) ...	198	1.81
Circulatory System ... ..	415	3.80
Nervous System (Non-Tubercular) ...	207	1.89
Cancer ... ..	287	2.62
Tuberculosis (all forms) ... ..	25	0.23
Genital System (Non-Tubercular) ...	31	0.28
Infectious Diseases ... ..	Nil.	Nil.
Digestive Diseases ... ..	17	0.15

TABLE 1.

DEATHS REGISTERED DURING THE CALENDAR YEAR, 1953 :

CAUSES OF DEATHS	DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE BOROUGH																Total all Ages
	Under 1 year		1-5 years		5-15 years		15-25 years		25-45 years		45-65 years		65-75 years		Over 75 yrs		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
1. Tuberculosis, Respiratory	...	...	...	...	...	...	...	...	6	3	10	...	...	...	2	1	2
2. " Other	...	...	...	...	1	...	...	...	1	...	1	...	...	...	...	...	3
3. Syphilitic Disease	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	3
4. Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5. Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6. Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7. Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8. Measles	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9. Other Infective and Parasitic Diseases	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10. Malignant Neoplasm —Stomach	...	...	...	...	...	...	...	...	2	...	8	4	4	10	9	11	48
11. do. —Lung : Bronchus	...	...	...	...	...	...	...	...	4	2	26	4	11	2	2	1	52
12. do. —Breast	...	...	...	...	...	...	...	...	...	2	...	14	...	3	...	9	28
13. do. —Uterus	...	...	...	...	...	...	...	...	...	...	...	10	...	4	...	...	14
14. Other Malignant and Lymphatic Neoplasms	...	...	1	...	...	...	...	...	5	4	30	23	21	15	30	16	145
15. Leukaemia, Aleukaemia	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	1	4
16. Diabetes	...	...	...	...	1	...	...	...	...	...	...	1	...	2	...	4	8
17. Vascular Lesions of Nervous System	...	...	1	...	...	...	...	...	2	2	15	25	21	48	37	56	207
18. Coronary Disease, Angina	...	...	...	...	...	...	...	...	1	1	49	19	29	28	26	20	173
19. Hypertension, with Heart Disease	...	...	...	...	...	...	...	...	...	...	3	4	5	11	7	12	42
20. Other Heart Disease	...	...	...	...	...	...	1	...	5	4	15	24	29	48	69	132	327
21. Other Circulatory Disease	...	...	...	...	...	...	...	...	1	...	6	3	13	23	24	18	88
22. Influenza	...	...	...	...	...	...	...	...	...	...	1	...	1	4	1	1	8
23. Pneumonia	8	2	...	1	...	...	1	...	1	2	5	4	13	10	10	16	73
24. Bronchitis	2	...	...	...	...	...	...	...	1	...	26	4	22	18	18	19	110
25. Other Diseases of Respiratory System	1	...	...	...	...	...	...	...	2	...	3	4	3	...	...	2	14
26. Ulcer of Stomach and Duodenum	...	...	...	...	...	...	...	...	2	...	3	1	2	2	...	1	1
27. Gastritis, Enteritis and Diarrhoea	...	1	...	...	...	...	...	...	...	1	...	...	2	2	...	...	4
28. Nephritis and Nephrosis	...	...	...	...	...	...	...	...	...	...	2	9	3	3	5	1	23
29. Hyperplasia of Prostate	...	...	...	...	...	...	...	...	...	...	1	...	2	...	5	...	...
30. Pregnancy, Childbirth, Abortion	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
31. Congenital Malformations	3	3	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
32. Other Defined and Ill Defined Diseases	10	7	1	...	1	...	...	...	3	4	10	11	9	10	9	18	99
33. Motor Vehicle Accidents	...	...	...	1	2	1	...	1	2	1	1	...	...	...	...	1	1
34. All Other Accidents	...	2	1	...	...	1	...	...	...	...	1	2	1	3	6	10	22
35. Suicide	...	...	...	...	...	...	...	1	3	1	9	5	2	4	1	2	...
36. Homicide and Operations of War	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	24	16	4	2	4	3	2	2	41	29	226	174	193	251	261	353	1584

TOTAL DEATHS IN INSTITUTIONS IN THE DISTRICT OF

 RESIDENTS  
 OF THE BOROUGH  
 (NON-RESIDENTS

552

373



TABLE 2.

## Percentage Distribution of Population.

Census 1951.

Administrative Area	PERCENTAGE DISTRIBUTION OF POPULATION								Sex ratio (fe- males per 1,000 males)
	by Marital Condition			by Age					
	Single	Mar- ried	Widowed and Divorced	0-4	5-14	15-44	45-64	65 and over	
Lancashire									
(A.C. with associated C.Bs.) .....	42.2	49.9	7.9	8.7	13.8	42.1	24.8	10.6	1,112
County Boroughs	43.1	48.8	8.1	9.0	14.0	42.4	24.3	10.3	1,127
Barrow-in-Furness	41.6	50.8	7.6	8.9	14.6	41.3	24.5	10.7	1,029
BLACKBURN .....	38.3	53.0	8.7	7.7	12.1	39.9	27.4	12.9	1,163
BLACKPOOL .....	35.4	53.8	10.8	6.0	10.4	37.3	31.1	15.2	1,247
BOLTON .....	39.2	52.7	8.1	8.3	12.8	41.3	26.5	11.1	1,136
BOOTLE .....	48.8	44.8	6.4	10.5	17.2	45.3	19.9	7.1	1,032
BURNLEY .....	37.1	53.8	9.1	8.4	12.1	39.9	27.4	12.2	1,135
BURY .....	38.3	52.7	9.0	8.3	12.2	40.6	26.5	12.4	1,152
LIVERPOOL .....	48.1	44.3	7.6	10.1	15.9	43.4	21.7	8.9	1,134
MANCHESTER .....	43.2	48.6	8.2	9.2	13.6	43.6	23.9	9.7	1,122
OLDHAM .....	38.9	52.6	8.5	8.4	12.8	41.6	26.1	11.1	1,124
RESTON .....	41.5	50.6	7.9	8.7	13.5	42.4	25.2	10.2	1,118
ROCHDALE .....	38.0	53.5	8.5	7.8	11.8	41.6	26.9	11.9	1,132
T. HELENS .....	45.4	48.2	6.4	9.3	15.3	44.1	23.1	8.2	1,036
WALFORD .....	43.1	48.5	8.4	9.6	14.0	44.0	23.0	9.4	1,104
SOUTHPORT .....	39.2	49.9	10.9	6.0	10.7	35.9	29.9	17.5	1,332
WARRINGTON .....	42.8	50.2	7.0	8.9	15.0	44.1	23.3	8.7	1,054
WIGAN.....	42.7	50.1	7.2	8.6	14.3	42.9	24.8	9.4	1,074

Elsewhere (P. 15) in this Report reference is made to the aged sick. The above table shows the Blackburn percentage of aged (12.9) to be higher than that for the county as a whole and for each of 14 other County Boroughs. Of the 17 County Boroughs, Blackpool (15.2) and Southport (17.5) head the list due to the numbers who spend their retirement there.

TABLE 3.

## Ward Population and Density in the Borough. — 1951 Census.

Administrative Area <i>a</i>	Acreage (land and Inland Water) <i>b</i>	Population					Private Households and Dwellings 1951					Density of Occupation	
		1931	1951			Persons per acre <i>g</i>	Private House- holds <i>h</i>	Popula- tion in private House- holds <i>i</i>	Structur- ally separate dwellings occupied <i>j</i>	Rooms occupied <i>k</i>	Persons per room <i>l</i>	Percentage of persons at more than 2 per room <i>m</i>	
		Persons <i>c</i>	Persons <i>d</i>	Males <i>e</i>	Fe- males <i>f</i>								
BLACKBURN †C.B.	8,088	122,791	111,218	51,489	59,789	13.8	37,249	108,790	36,551	157,206	0.69	1.2	
<b>Wards :</b>													
†PARK .....	350	+	9,864	4,600	5,264	28.2	3,114	9,391	3,101	12,378	0.76	0.6	
†ST. ANDREW'S .....	1,334	+	7,449	3,462	3,987	5.6	2,581	7,449	2,565	11,173	0.67	0.3	
†ST. FRANCIS'S .....	353	+	8,579	3,940	4,639	24.3	2,944	8,578	2,897	12,439	0.69	0.8	
†ST. JOHN'S .....	225	+	7,740	3,611	4,129	34.4	2,649	7,567	2,534	10,881	0.70	3.3	
†ST. JUDE'S .....	654	+	7,649	3,621	4,028	11.7	2,475	7,613	2,460	10,344	0.74	0.4	
†ST. LUKE'S .....	244	+	7,995	3,777	4,218	32.8	2,667	7,817	2,634	10,691	0.73	1.5	
†ST. MARK'S .....	1,014	+	6,478	2,799	3,679	6.4	2,189	6,330	2,143	10,611	0.60	0.7	
†ST. MATTHEW'S .....	157	+	7,553	3,530	4,023	48.1	2,662	7,532	2,625	10,948	0.69	1.0	
ST. MICHAEL'S .....	623	8,580	8,564	3,963	4,601	13.7	3,037	8,564	3,002	12,884	0.66	0.4	
†ST. PAUL'S .....	161	+	8,962	4,134	4,828	55.7	2,988	8,806	2,879	12,139	0.73	2.1	
†ST. SILAS'S .....	481	+	6,418	2,905	3,513	13.3	2,217	6,270	2,108	10,834	0.58	0.1	
†ST. STEPHENS' .....	951	+	7,668	3,582	4,086	8.1	2,439	7,661	2,408	10,624	0.72	0.5	
†ST. THOMAS'S .....	1,354	+	8,255	3,815	4,440	6.1	2,476	7,252	2,417	10,073	0.72	1.0	
†TRINITY .....	187	+	8,044	3,690	4,354	43.0	2,811	7,960	2,778	11,187	0.71	1.5	

† Figures should relate to the areas as constituted in 1951, but the 1931 Blackburn figures have not been adjusted for post-1941

boundary changes, and were not available for the re-constituted wards.

TABLE 4.

Housing of Private Households in the County Borough of Blackburn  
with Comparative Figures for Lancashire as a Whole.  
Census 1951.

Housing of Private Households.

	BLACKBURN	LANCASHIRE
Number of separate dwellings occupied and vacant .....	37,347	1,494,369
Percentage increase over 1931 .....	12.3	23.0
“ vacant unfurnished .....	1.33	0.93
“ with one or two rooms only .....	1.50	2.97
“ of one-person households .....	13.2	10.8
“ sharing a dwelling .....	3.4	8.6
“ occupying one or two rooms only .....	3.9	8.2
“ of population density. Over 2 persons per room	1.2	2.5
“ 1½ “ “ “	5.4	9.2





*PART II.*

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Sanitary Circumstances.

(Report of the Chief Sanitary Inspector,  
Mr. F. B. ADDY).

## HOUSING.

## (a) GENERAL.

Houses built during 1953 :

(i) By Corporation :	Houses	...	...	...	...	205
	Flats	...	...	...	...	16
(ii) By private enterprise :	Houses	...	...	...	...	25
	TOTAL	...	...	...	...	246

## (b) STATISTICS :

## 1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR :—

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)...	...	...	...	...	881
(b) Number of inspections made for the purpose	...	...	...	...	5174
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	...	28
(b) Number of inspections made for the purpose	...	...	...	...	122
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...	17
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation...	...	...	...	...	684

## 2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	...	...	...	...	562
---	-----	-----	-----	-----	-----

## 3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

A. *Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :*

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	...	6
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—						
(a) By owners	...	...	...	...	...	7
(b) By local authority in default of owners	..	..	..	..	..	6

B. *Proceedings Under Public Health Acts*

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	...	168
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—						
(a) By owners	...	...	...	..	..	120
(b) By local authority in default of owners	..	..	..	..	..	1

*C. Proceedings Under sections 11 and 13 of the Housing Act, 1936 :*

(1) Number of dwelling-houses in respect of which demolition orders were made	...	...	...	...	...	...	...	6
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	...	...	...	...	...	—
(3) Undertaking accepted not to relot	...	...	...	...	...	...	...	5
(4) One dwelling-house demolished voluntarily	...	...	...	...	...	...	...	1

*D. Proceedings Under section 12 of the Housing Act, 1936 :*

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made...	...	...	...	...	...	...	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	...	...	...	...	...	...	—

**The Testing of Drains.**

No. of Drains Tested	..	..	..	..	..	..	614
No. of Drains Opened	..	..	..	..	..	..	80
No. of Defects found	..	..	..	..	..	..	258
No. of Informal Notices Served	..	..	..	..	..	..	258
No. of Formal Notices Served	..	..	..	..	..	..	26
No. of Defects Remedied	..	..	..	..	..	..	249

**Sanitary Inspection of the Area.**

During the year, a total of 17,097 visits and inspections were made by the Sanitary Inspectors.

No. of complaints received	...	...	...	...	...	...	1249
Total number of Defects found	...	...	...	...	...	...	2371
No. of Notices served	...	...	...	...	...	...	684
No. of Notices complied with	..	...	...	...	...	...	696

Particulars of sanitary improvements made and defects remedied under their supervision are contained in the following Table :—

TABLE 5.

Absence of Cooking Accommodation	...	...	...	...	6
„ Damp-proof Course	...	...	...	...	64
„ Handrail	...	...	...	...	1
„ Washing Accommodation	...	...	...	...	4
Accumulations of Refuse	...	...	...	...	38
Animals Kept as Nuisance	...	...	...	...	—
Defective Ashbins or Ashpits	...	...	...	...	1
„ Chimney Flues	...	...	...	...	27
„ Chimney Stacks	...	...	...	...	137
„ Cisterns	...	...	...	...	17
„ Dishstones	...	...	...	...	2
„ Doors	...	...	...	...	113
„ Eavesgutters	...	...	...	...	209
„ Floors	...	...	...	...	74
„ Fireplaces	...	...	...	...	63
„ Gas Pipes and Fittings	...	...	...	...	2
„ Gullies	...	...	...	...	25
„ Outbuildings	...	...	...	...	62
„ Plaster, Walls and Ceilings	...	...	...	...	259
„ Pointing	...	...	...	...	178
„ Rainwater Pipes	...	...	...	...	126
„ Roofs	...	...	...	...	271
„ Sinks	...	...	...	...	13
„ Soil Pipes	...	...	...	...	6
„ Stairs	...	...	...	...	4
„ Washboilers	...	...	...	...	2
„ Waste Pipes, Sink or Bath	...	...	...	...	33
„ Windows	...	...	...	...	396
„ Yard Paving	...	...	...	...	26
Dirty Premises	...	...	...	...	8
Drains, Choked	...	...	...	...	87
„ Defective	...	...	...	...	194
„ Insufficient	...	...	...	...	—
Smoke Nuisances	...	...	...	...	2
Streams or Ditches Fouled	...	...	...	...	—
Tipplers Choked or Defective	...	...	...	...	6
Vorminous Premises	...	...	...	...	5
Walls, Fractured, Internal	...	...	...	...	3
„ Fractured, Bulging or Dangerous, External	...	...	...	...	45
„ Defective or Dangerous, Yard	...	...	...	...	23
Water Closets Choked	...	...	...	...	11
„ Closots Defectivo	...	...	...	...	63
„ Pipes Burst	...	...	...	...	48
„ Supply Insufficient	...	...	...	...	6
Waste Water Closets converted to W.C's.	...	...	...	...	54



**Referred to other departments :—**

Choked Sewers and Street Gullies, to Borough Engineer ...	...	92
Dangerous Walls, etc., to Borough Engineer ...	...	20
Wastage of Water to Water Engineer ...	...	28
Defective Water Mains to Water Engineer ...	...	6
Gas Leakages to N.W. Gas Board ...	...	8
Accumulations of Refuse in Back Streets, to Borough Engineer		52

**Tents, Sheds, Caravans, Etc.** At the end of the year there were 21 caravans in the Borough used as human habitations.

**Offensive Trades.** The number of offensive trades within the Borough is sixteen. These consist of 8 Bone and Rag and Bone Dealing, 3 Fat Extracting or Fat Rendering, 1 Gut Scraping and 4 Tripe Boiling. There are also two Knaekers Yards. All are visited regularly.

**Insanitary Dwellings.** Ten houses were closed during the year as being unfit for human habitation.

**Verminous Premises and Persons.** 79 private dwelling houses comprising 65 rooms have been disinfested. Twenty-one infested persons were treated at the Cleansing Clinic.

**Infected Premises.** 431 private dwellinghouses comprising 839 rooms, and 14 hospital wards have been disinfested following cases of infectious diseases.

**Common Lodging Houses.** The position is as described in the report for 1950.

**Houses-Let-in-Lodgings.** There are 24 such premises which provide 150 rooms with a 98 per cent occupancy. The general standard of accommodation is low.

**Smoke Abatement.** During the year, 294 smoke observations were made.

In twelve cases black smoke was emitted for a longer period than permitted, and advice given to the engineers in charge.

**Canal Boats.** The Corporation have carried out, within their District, the provisions of the Public Health Act, 1936 (part X) :

- (1) They have maintained in office an Inspector, Mr. Frederick Basil Addy, appointed for the execution of the said Act.
- (2) Ten canal boats have been examined and reported upon.
- (3) On one canal boat two infringements of the Act have come under the notice of the Inspector, namely :
  - (a) Absence of water container.
  - (b) Broken starboard ventilator to fore cabin.
- (4) There has been no occasion to take legal proceedings.
- (5) One written intimation has been served on the owners of a canal boat relative to infringements in item 3.
- (6) No cases of infectious disease were met with.
- (7) There was no detention of boats for cleansing and disinfection.
- (8) There are twenty-four canal boats on the register.

## RODENT CONTROL.

**Surface Infestation.**—The control of rat and mouse infestation has been effectively maintained during the year.

**TABLE 6.**

Complaints and requests for disinfection	...	...	...	581
Investigated and rat infestation found	...	...	...	171
Investigated and mouse infestation found	...	...	...	250
Investigated and no infestation found	...	...	...	160
Premises surveyed	...	...	...	12127
Total number of treatments completed	...	...	...	674
Estimated number of rats killed	...	...	...	1678
Estimated number of mice killed	...	...	...	1834
Defective drains made sound	...	...	...	160

### Rodent Control in Sewers.

During the year maintenance treatments for rats in sewers have been carried out during the periods April/June and October/November. At the first treatment, 1,623 manholes were baited with sausage rusk and zinc phosphide and 'takes' were recorded in 511 manholes. For the second treatment 1,098 manholes were baited with bread rusk and arsenious oxide ; 'takes' were recorded in 448 manholes.

## FACTORIES ACT, 1937, AND THE SANITARY ACCOMMODATION REGULATIONS, 1938.

Eight hundred and ninety-eight power factories and one hundred and six non-power factories are on the Register kept by the Department. During the year three hundred and sixty factories have been inspected. Where contraventions of the Act were found, the occupiers of the factories concerned were notified, and requested to take appropriate steps to comply with the Act.

Table No. 7 sets out particulars of inspections made and of the contraventions found and dealt with.

### TABLE 7.

DETAILS OF INSPECTIONS MADE.						Power	Non- Power	Other Premises
Number of factories on the Register	...	...	...	...	...	898	106	—
Number of factories inspected	...	...	...	...	...	341	19	23
Number of re-visits to factories	...	...	...	...	...	331	21	12
Number of factories found satisfactory	...	...	...	...	...	122	2	16
Number of factories where contraventions were found	...	...	...	...	...	219	17	7
Number of factories where contraventions have been remedied	...	...	...	...	...	88	12	7

CONTRAVENTIONS OF THE FACTORIES ACT, 1937  
AND  
THE SANITARY ACCOMMODATION REGULATIONS, 1938

	Number of Contraventions found	Number of Contraventions remedied
<hr/>		
Sect. 1. CLEANLINESS.		
(a) Accumulations of refuse	—	—
(c) Walls, partitions, ceilings not clean ...	5	3
Sect. 3. TEMPERATURE.		
Effective provision not made for maintaining a reasonable temperature ... ..	9	9
Sect. 4. VENTILATION ... ..	2	—
Sect. 7. SANITARY CONVENIENCES.		
Absence of sanitary conveniences ... ..	7	2
Sufficient sanitary conveniences not provided	5	2
Suitable sanitary conveniences not provided	8	7
Separate sanitary conveniences not provided for each sex ... ..	14	8
Sanitary conveniences not effectively lighted	140	55
Sanitary conveniences not maintained in proper repair ... ..	30	9
Sanitary conveniences not kept clean ... ..	72	38
SANITARY ACCOMMODATION REGULATIONS, 1938.		
Sanitary conveniences not ventilated ... ..	37	9
Sanitary conveniences in direct communication with the workroom ... ..	76	29
Sanitary conveniences not provided with proper doors ... ..	18	2
Sanitary conveniences not provided with proper fasteners ... ..	91	24
Sanitary conveniences not conveniently accessible ... ..	1	2
Sanitary conveniences not provided with separate approaches ... ..	2	1
Sanitary conveniences not effectively screened	21	6
Sanitary conveniences not indicated with sex of users ... ..	72	24
Insanitary urinals ... ..	3	—
TOTAL	613	230



*PART III.*

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**Food Supply.**

## ICE-CREAM.

The number of premises registered for the manufacture, sale or storage for sale of ice-cream has again increased. During 1953, 24 applications for registration were received.

At the end of 1953, the Register of these premises showed the following alterations :—

Number on Register, 31st December, 1952 .....	359
Number of registrations discontinued during 1953 .....	8
Number of premises registered during 1953 .....	24
Total on Register 31st December, 1953 .....	375

**Bacteriological Examinations.** During the year seventy samples were taken for bacteriological examination of which 54 came within grades 1 and 2, seven in grade 3, and nine in grade 4. Sixteen samples contained B.Coli.

**Chemical Examination.** On the 1st June, 1953, the Food Standards Ice-Cream Order, 1953, came into force which restored the higher chemical standard of ice-cream to not less than 5% fat, 10% sugar and 7½% milk solids not fat.

Seven samples were obtained and submitted to the Public Analyst. All were well above the prescribed standard, the average analysis being fat 9.9%, sugar 12.5%, milk solids not fat 8.3%.

**Heat Treatment Regulations.** 1,093 visits were made to registered ice-cream premises and 30 warnings were given for various contraventions of the Regulations and of the Food & Drugs Act, 1938.

202 various ices were destroyed or reheat-treated following rise in temperature above the legal maximum.

## DAIRIES AND MILK SUPPLY.

**Dairies.** Four hundred and ninety-eight visits were made to dairies, sixty-five verbal notices were given and nine letters sent in connection with contraventions of the Milk and Dairies Regulations.

**Farms.** Thirty-eight visits were made to farms in connection with adverse reports on milk samples and advice given to the farmers concerned.

**Milk Vehicles.** Eighty-six milk vehicles were inspected during the year and ten verbal notices given in connection with unsatisfactory vehicles.

**Milk (Special Designations) (Raw Milk) Regulations 1949.**

**Milk (Special Designations) (Pasteurised & Sterilised Milk) Regulations, 1949.**

During the year a total of three hundred and fifty-five samples of designated milk and sixty-three of undesignated milk were bacteriologically examined.

The following table shows the grades of milk examined and gives details of those samples which failed to pass the tests prescribed.

**TABLE 8.**

Class of Milk	No. of samples	No. satisfactory	No. not satisfactory	TESTS FAILED			
				Phosphatase	Methylene Blue	Coliform	Biological
Pasteurised ... ..	132	96	36	2	8	32	...
Sterilised ... ..	54	54	...	...	...	...	...
Tuberculin Tested ...	84	35	49	...	41	41	...
Tuberculin Tested Pasteurised ...	53	32	21	...	4	21	...
Accredited ... ..	30	13	17	...	17	11	...
Non-Designated ... ..	63	19	44	...	33	39	...
All grades examined for T.B. ... ..	153	150	3	...	...	...	3

## MEAT INSPECTION.

TABLE 9.

## Carcases Inspected and Condemned.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed ... ..	4107	4694	2054	31830	7036
Number Inspected ... ..	4107	4694	2054	31830	7036
ALL DISEASES EXCEPT TUBERCULOSIS :					
Whole Carcases Condemned ...	2	23	111	56	32
Carcases of which some part or organ was condemned ... ..	2753	4037	24	9177	1260
Percentage of the number inspected with disease other than tuberculosis	67.08%	86.49%	6.57%	29.01%	18.36%
TUBERCULOSIS ONLY :					
Whole Carcases condemned ... ..	15	84	23	...	10
Carcases of which some part or organ was condemned ... ..	340	1560	1	...	404
Percentage of the number inspected affected with tuberculosis ...	8.64%	35.07%	1.16%	...	5.88%



# Details of Carcases rejected for diseases other than Tuberculosis.

## Cattle

Oedema ... ..	—
Multiple Abscesses ...	1
Generalised Cysticercus	
Bovis ... ..	1
Congested and Odoriferous	1
Bruised and Badly Bled ...	1
Bilateral Pyelonephritis ...	3
Emaciation ... ..	3
Fat Necrosis ... ..	1
Extensive and severe bruising	2
Fevered' ... ..	2
Sarcomatosis ... ..	1
	<hr/>
Total ... ..	25
	<hr/>

## Sheep

Emaciation ... ..	15
Oedema ... ..	23
Ascites ... ..	1
Pyæmia ... ..	1
Asphyxia ... ..	3
Peritonitis ... ..	4
Septic Pneumonia ... ..	1
Extensive Bruising ... ..	2
Badly Bled ... ..	3
Septic Metritis ... ..	1
Multiple Abscesses ... ..	1
Multiple Tumours ... ..	1
	<hr/>
Total ... ..	56
	<hr/>

## Calves

Peritonitis ... ..	1
Immaturity ... ..	18
Joint Ill ... ..	23
Oedema ... ..	35
Jaundice ... ..	12
Pyæmia ... ..	5
Badly Bled ... ..	13
Diarrhoea ... ..	1
Extensive Bruising ... ..	3
	<hr/>
	111
	<hr/>

## Pigs

Septic Pleurisy ... ..	1
Peritonitis ... ..	5
Fevered ... ..	8
Decomposition ... ..	3
Septic Peritonitis ... ..	3
Septicaemia ... ..	1
Oedema ... ..	1
Immaturity ... ..	—
Multiple Abscesses ... ..	2
Badly Bled ... ..	—
Severe Bruising ... ..	2
Rickets and Emaciation ...	5
Swine Erysipelas ... ..	1
	<hr/>
	32
	<hr/>

**Cysticercus Bovis.** During the year ninety-four cases were discovered, one of them being generalised. The latter carcase was condemned and the others sent to cold storage for a period of not less than three weeks.

### Disposal of Condemned Food.

#### *Public Abattoir.*

The condemned meat and offals from the Public Abattoir is sold to a local firm of fat melters and fertilizer manufacturers. Normally such material is processed by him within the Borough at premises which are visited weekly. Owing to extensive alterations being carried out at the premises the material is being sold to other processors outside the Borough.

#### *Wholesale Fish Market.*

Unsound fish is sold to a fertilizer manufacturer outside the Borough.

#### *Other Foods.*

All other unsound foodstuffs are collected and disposed of at the Corporation Refuse Destructor.

There has been no occasion during the year for a special examination of any stock or consignment. There was one occasion when a truck load of potatoes was examined at the request of the consignee. The potatoes were soft and appeared to be affected with a fungoid growth and were considered not fit for human consumption and were sent for animal feeding stuffs.

### Carcases, etc., sent for Utilisation.

103 tons 15 cwt. 0 qr. 4 lbs.

### Number of Visits to Inspect Food.

Meat Shops ...	...	...	426	Meat Market ...	...	...	24
Fish Shops ...	...	...	37	Fish Market ...	...	...	157
Provision Shops ...	...	...	186	Fish Siding ...	...	...	102
				Miscellaneous	...	...	76

### Other Foodstuffs seized or surrendered.

Tins and Jars of Miscellaneous Foods	...	...	...	12855
Imported Tinned Boiled Ham	...	...	...	6 cwt. 14 lbs.
Imported Meat	...	...	...	5415 lbs.
Gangs of sheeps' feet	...	...	...	2141
Gangs of Ox-feet	...	...	...	112
Imported tripes	...	...	...	22
Rabbits	...	...	...	16
Poultry	...	...	...	47
Soft Fruits	...	...	...	474 lbs.
Stoned Fruits	...	...	...	897 lbs.
Fruits	...	...	...	481 lbs.
Vegetables (including 10 tons potatoes sent for animal feeding stuffs)	...	...	...	10 tons 3 cwt.
Miscellaneous Foods	...	...	...	434 lbs.



### Food and Drugs Act, 1938. Section 14.

The following tables shows the numbers and types of premises registered under—

(a) *Food and Drugs, 1938 :*

Manufacture of Ice Cream	...	...	...	...	48
Storage and Sale of Ice Cream	...	...	...	...	327
Manufacture of Sausages	...	...	...	...	40
Manufacture of Sausages and Cooked Meats	...	...	...	...	90
Manufacture of Cooked Meats	...	...	...	...	9
Manufacture of Meat Pies and Potted Meat	...	...	...	...	176
Manufacture of Pickled Foods	...	...	...	...	1

(b) *Milk and Dairies Regulations, 1949 :*

Number of Registered Dairies	...	...	...	...	13
------------------------------	-----	-----	-----	-----	----

#### Manufacture of Sausages, Potted, Pressed, Pickled or Preserved Food.

Number of applications received	...	...	...	...	...	1
Number of applications granted	...	...	...	...	...	1
Number of applications refused	...	...	...	...	...	—

#### Miscellaneous Visits.

Re : Unsound foods	...	...	...	...	...	271
Re : Proposed food premises	...	...	...	...	...	49

**Food Poisoning.** Forty-two cases of food poisoning were discovered during the year. Of these, twelve cases were in connection with the outbreak which occurred following a Bowling Match and Dinner at a licensed premises just outside the Borough. Twenty-three members of a local Food Traders organisation attended, and of these twelve were affected with symptoms of food poisoning to a greater or lesser degree. The causative agent was found to be *Salmonella Typhimurium* but investigations carried out by officers of the Blackburn Rural District Council failed to determine the vehicle of infection.

During the year there occurred one of the worst outbreaks of food poisoning that this County has known. The food causing the outbreak was meat pie prepared at a Model Bakery on the North-West coast. Cases occurred over a wide area of North-East Lancashire but so far as was known only 3 persons resident in Blackburn were affected. The causative agent was *Salmonella Bovis Morbificans*.

Of the other 27 cases discovered, in six isolated cases the causative agent was found to be *Salmonella Typhimurium* and the remaining 21 cases the causative agent was not discovered.

**Merchandise Marks Act, 1926.** One hundred and fourteen visits were made to shops and stalls.

Where it was found that imported tomatoes were being offered or exposed for sale without an indication of the country of origin as required by an Order made under the Merchandise Marks Act, 1926, letters of warning were sent to the offenders on receipt of which the tomatoes were suitably marked. In no case was it found necessary to institute proceedings.

**Fertiliser and Feeding Stuffs Act, 1926.** Nine samples of feeding stuffs and fertilisers were examined by the Analyst during the year, three being informal and six being formal samples.

The three informal samples did not conform with the statutory statements but formal follow up samples were satisfactory.

**Food and Drugs Act, 1938.** During the year, one hundred and sixty-two samples of milk were submitted to the Public Analyst. Of these, nine were reported as not genuine. In addition, out of a further two hundred and ten samples of other foods and drugs fourteen were reported as adulterated, making a total of twenty-three.

The following table shows the action taken respecting the twenty-three samples reported not genuine.



TABLE 10.

FOOD &amp; DRUGS ACT, 1938. ACTION TAKEN IN REGARD TO ADULTERATED SAMPLES.

Article Sampled	No. of Sample	Formal	Informal	Analyst's Report	Action Taken.
Beef & Kidney Pie	752	F.	—	Kidney not detected.	Letter of warning.
Butterkist ... ..	763	F.	—	25% Deficient of Butter.	Case dismissed. Defendants claiming that under a ruling from the Ministry of Food, Butterkist was not a sugar confectionery.
Buttermints ... ..	791	F.	—	9.5% Deficient of Butter.	Fined £5 5s. 0d. and £1 1s. 0d. costs.
Milk ... ..	798	F.	—	Deprived of 6% of Fat.	Report received too late for reliable "Appeal to Cow." Letter of warning.
Milk ... ..	799	F.	—	Deprived of 11% of Fat.	Report too late for 'appeal to cow'. Letter of warning.
Milk ... ..	801	F.	—	Solids not fat 3% deficient. Deprived of 16 $\frac{2}{3}$ % of Fat.	Report too late for 'appeal to cow'. Letter of warning.
Aniseed & Fondant	874	—	I.	Contaminated by Atmospheric Grit.	Stock surrendered.
Eye Lotion ... ..	879	F.	—	Deficient of Zinc Sulphate.	Deficiency due to chemical action of another ingredient on the zinc sulphate.
Eye Lotion ... ..	914	F.	—	Deficient of Zinc Sulphate.	Society of Public Analysts discussing the matter with Manufacturers.
Milk . . . . .	886	F.	—	Deprived of 15% of Fat.	Letter of warning. Report received too late for 'appeal to cow' sample.

Table 10—Continued. Food & Drugs Acts, 1938.

Article Sampled	No. of Sample	Formal	Informal	Analyst's Report	Action Taken.
Milk ... ..	899	F.	—	Deficient of 8% of Milk Fat.	'Appeal to cow' showed abnormal milk.
Milk ... ..	935	F.	—	Deficient of 10% of Milk Fat.	'Appeal to cow' showed abnormal milk.
Savoury Ducks ...	911	—	I.	Coated with active mould.	Formation of mould occurred between purchase and examination.
Orange Crush ...	915	F.	—	Contained an excess of 180 parts per million SO <sub>2</sub> .	SO <sub>2</sub> present to extent of 530 parts per million. Letter of warning.
Canned Synthetic Cream	978	—	I.	23% deficient of declared fat content.	Formal follow up sample taken. See No. 12.
Orange Lolly Ice ...	998	—	I.	Deficient of Sugar (Sugar 0.2%).	Letter of warning sent. Sugar content since increased
Milk ... ..	11	—	I.	Deprived of 10% Fat.	Informal sample from churn without name of producer
Canned Syn. Cream	12	F.	—	Slightly deficient of Fat.	Letter of warning.
Canned Rhubarb	22	—	I.	Contained an excessive quantity of tin —360 parts per million.	Stocks withdrawn following warning letter.
Flour ... ..	49	F.	—	Slightly deficient of iron.	Reported to Ministry of Food.
Coconut Butter	101	F.	—	Total fat 3.5%. Butter Fat not more than 0.5%. Deficient of Butter Fat 87½%.	Proceedings under consideration.
Drops ... ..					
Milk ... ..	107	F.	—	Contained 3½% added water.	Based on acidity only. Further follow-up samples reported abnormal milk.
Milk ... ..	115	F.	—	Deprived of 13% of Fat.	One of group samples of wholesale delivery. Sample of complete sale satisfactory.
TOTAL ...		17	6		

## GROCERS' PREMISES.

During the year the department has continued its policy of the inspection and recording of individual Food Trades, and in 1953 concentrated on Grocers premises which we considered needed more attention than they had hitherto received. In all, **636 premises were inspected** and recorded and of these **311 were satisfactory** in every way and 325 were not satisfactory. This latter figure is rather disturbing as it showed that many grocers were not maintaining their premises as required by Section 13 of the Food and Drugs Act 1938, or observing the Bye-laws relating to the sale and handling of food, which require that food rooms shall be kept clean, in good repair, shall have wash-basins, hot and cold water, soap and clean towels and that the food shall be protected against contamination.

One of the most unsatisfactory features was the lack of cleanliness at many premises. The law defines a food room as "any room where food is prepared, sold, exposed for sale or deposited for sale or preparation" and makes no distinction between a shop and a storeroom. The survey revealed that in many cases whereas the shop, as seen by the public was clean, the storeroom in one third (212) at the rear was ill kept, dirty walls and ceilings, plaster defective and so on.

The pleasing fact revealed by the survey was that 582 shops or **91.5 per cent.** had satisfactory **wash-basins**, either white glazed or stainless. Of the others, 41 had old stone sinks, 4 had defective sinks and 9 shops had no sink at all.

The means of providing hot water was very different. Three hundred and ninety-two premises or 61.6 per cent. were satisfactory in this respect, having gas or electric geysers, immersion heaters and gas boilers. The remaining 244 or 38.4 per cent. relied on such unsatisfactory means as back boilers (129), kettles or pans on gas rings (75), and 40 where there was no provision made for the supply of hot water. Back boilers, whilst being a recognised means of providing hot water, have been classed as unsatisfactory because we are convinced that in hot weather no fire is maintained and, there is therefore an absence of hot water. Action could however only be taken when this condition is found. Kettles and pans on gas rings raise a similar point. A ruling by the legal department in 1948 stated that "it matters little how the clean hot water is provided so long as it is provided in sufficient quantity during the time food is prepared, sold, etc."

It must therefore be assumed that a kettle of sufficient size on a gas ring would meet the legal requirements and further visits will be made to such premises with a view to further action if hot water is not available at the time of visit.

Byelaws regarding the handling, etc., of food, in operation since January 1951, are now being enforced.

It is a common practice in food shops to use the counter for displaying all kinds of foodstuffs to which no objection can be taken if the foods are prepacked. Where foodstuffs are not prepacked and are open to the hands, coughs, sneezes, etc., of the public they should be protected or removed. There were, however, 101 premises where protection was either inadequate or absent. The matter has been taken up with the traders concerned.

The Bye-laws require the occupier of food premises to exhibit a notice in or near the toilet, requesting employees to wash their hands after using the toilet, a step which, if observed, should reduce the risk of food poisoning. Although the notices are issued free, there were 114 premises where such notices were not displayed. This figure rather supports the view that a large proportion of the food traders in the town are not sufficiently 'food-poisoning' conscious.

Refrigerators are becoming more widely used and are in fact a necessity in some food trades. Out of 636 grocers' premises visited, 81 or 12.7 per cent. had refrigerators for general use, that is, not for ice-cream purposes.

### SURVEY OF GROCERS' PREMISES.

Number inspected, 636 : Satisfactory, 311 ; Unsatisfactory, 325.

<i>Types of Premises :</i>	Lock-up	...	...	...	...	166
	Dwelling-house and shop	...			...	470
<i>Persons employed other than proprietors :</i>	Males	...			...	554
	Females	...			...	721
					—	
	TOTAL	...			...	1275

*Washing facilities provided :* Types of wash basins—

Satisfactory :	White glazed sinks	...	...	...	568
	Stainless steel sinks	...	...	...	14
					—582
Unsatisfactory :	Stone sinks	...	...	...	41
	White glazed, defective	...	...	...	4
	No sink	...	...	...	9
					— 54

*Means of provision of hot water :*

Satisfactory :	Geysers (gas or electric)	...	...	244
	Immersion heater	...	...	129
	Gas boilers...	...	...	19
				—392
Unsatisfactory :	Back boilers	...	...	129
	Kettle or pan on gas ring	...	...	75
	No means provided	...	...	40
				—244

*Clean Towels :* Provided 626 ; Unprovided 10.

*Soap :* Provided 634 ; Unprovided 2.

*Water Supply :* At one premises there was no piped water supply.

*Refuse containers :* Insufficient, defective or unsuitable 22

<i>State of disrepair :</i>	Walls	...	...	...	58
	Floors	...	...	...	23
	Ceilings	...	...	...	30
	Doors and Woodwork	...	...	...	6
	Windows	...	...	...	10
	Roofs	...	...	...	5

<i>Cleanliness—Unsatisfactory :</i>	Walls	...	...	...	212
	Floors	...	...	...	20
	Ceilings	...	...	...	195
	Doors, etc.	...	...	...	41
	Windows	...	...	...	16
	Fittings	...	...	...	15

*Ventilation not satisfactory :* 32.

*Accumulations of refuse :* 11.

*Defective drainage :* 9.

<i>Refrigerators :</i>	For ice-cream only	...	...	101
	For general use	...	...	81
	Without either	...	...	454

*Byelaws re. sale and handling of foodstuffs :*

Premises where foodstuffs were not adequately protected from contamination	...	101
Premises where hand washing notices were not displayed	...	114



*Contraventions and Defects known to have been remedied at the end of 1953 :*

Repairs to :	Walls	...	...	...	...	15
	Floors	...	...	...	...	10
	Ceilings	...	...	...	...	13
	Doors	...	...	...	...	3
	Windows	...	...	...	...	4
	Roofs	...	...	...	...	3
Cleansing of :	Walls	...	...	...	...	10
	Ceilings	...	...	...	...	61
	Floors	...	...	...	...	2
	Doors and Woodwork	...	...	...	...	10
	Windows	...	...	...	...	9
	Fittings	...	...	...	...	2
Ventilation improved		...	...	...	...	5
Geysers provided		...	...	...	...	34
Glazed sinks provided		...	...	...	...	18
Refuse containers provided		...	...	...	...	2
Accumulations of refuse removed		...	...	...	...	7
Defective drains repaired		...	...	...	...	6
Protection for foodstuffs provided		...	...	...	...	30
Hand washing notices displayed		...	...	...	...	95



*PART IV*

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**Infectious Diseases.**

**TABLE 11.**  
SHEWING NUMBER OF CASES OF INFECTIOUS DISEASES NOTIFIED FROM 1938 TO 1953.

DISEASE	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
Smallpox...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Mem- branous Croup)	172	95	65	66	82	69	29	32	28	19	17	6	...	...	...	...
Erysipelas	17	34	24	26	18	21	10	18	10	7	12	23	9	3	8	11
Scarlet Fever	235	192	92	98	254	317	330	399	120	159	213	27	74	100	319	374
Enteric Fever	2	...	10	7	...	2	2	...	1	1	...	3	1	...	...	...
Puerperal Pyrexia	24	23	12	23	19	23	29	22	33	64	48	28	21	49	106	99
Typhus Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cerebro-Spinal Meningitis	6	7	25	35	20	13	4	10	5	6	5	2	...	...	...	1
Poliomyelitis (Paralytic)	2	1	8	...	...	...	1	2	1	2	3	10	4	7	3	2
Poliomyelitis (non- paralytic)	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1
Pulmonary Tuberculosis	100	88	91	80	109	99	83	84	88	97	74	62	65	90	94	104
Other forms of Tuberculosis	38	31	24	26	32	25	9	26	22	25	34	12	16	16	15	21
Ophthalmia Neonatorum	5	14	6	14	13	15	15	23	28	23	14	13	1	2	6	1
*Measles	...	107	1367	992	804	144	1220	306	596	584	779	1207	1787	498	674	1431
Encephalitis Lethargica	5	3	...	2	1	1	...	...	...	...	...	...	...	...	...	...
Dysentery	...	15	2	41	2	64	78	59	16	4	8	1	55	72	19	50
Malaria	1	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...
Pneumonia	166	215	186	137	117	147	49	76	72	82	108	100	55	109	73	88
†Diarrhoea	2	3	...	5	1	...	...	2	...	6	11	9	6	...	...	4
*Whooping Cough	...	142	412	249	147	218	132	93	125	52	236	232	180	131	290	362
TOTALS	775	970	2324	1802	1619	1159	1991	1152	1146	1231	1562	1805	2275	1078	1608	2549

\* Notifiable from 1939.

† Notifiable from July 1st to October 31st.





**Bacteriological and Pathological Examinations.**

The following table gives details of specimens submitted by the Health Department during the year :—

**TABLE 13.****BLACKBURN ROYAL INFIRMARY—**

Specimens of Milk ...	...	...	...	...	418
Specimens of Ice-cream ...	...	...	...	...	77
Sputum for Tubercle Bacilli ...	...	...	...	...	638
Swabs for Diphtheria and Streptococcus Haemolyticus ...	...	...	...	...	314
Faeces and Rectal Swabs ...	...	...	...	...	212
Urines ...	...	...	...	...	23
Blood Counts ...	...	...	...	...	564
Miscellaneous ...	...	...	...	...	21

**LIVERPOOL UNIVERSITY—**

Specimens in connection with Rh. Factor Tests...	756
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**EDINBURGH UNIVERSITY—**

Hogben Tests ...	...	...	...	...	10
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*PART V.*

## Statistical Tables.

## Section 22. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

TABLE 14.

### ANTE-NATAL CLINIC ATTENDANCES.

Ante-natal Sessions Conducted.	Public Health Department	St. Peter Street	TOTAL
(a) <i>By Medical Officers—</i>			
No. of sessions ..... ..	139	41	180
No. of patients attended.....	391	129	520
No. of attendances ..... ..	1661	192	1853
(b) <i>By Midwives—</i>			
No. of sessions ..... ..	—	279	279
No. of patients attended.....	—	432	432
No. of attendances ..... ..	—	1877	1877

TABLE 15.

### POST-NATAL CLINIC ATTENDANCES.

Post-Natal Sessions Conducted	1949	1950	1951	1952	1953
Number of Sessions .....	50	30	21	19	19
Number of Attendances .....	46	125	168	105	97
Number of Individuals .....	19	79	104	62	68
Number of Abnormal Cases.....	10	34	70	44	43
Number of Cases in which no abnormality was found...	9	45	34	18	25

**TABLE 16.**  
**EXAMINATIONS CARRIED OUT AT ANTE-NATAL CLINICS.**

	Victoria Street		St. Peter Street		Total	
	+	—	+	—	+	—
Rh. Factor—Women .....	255	59	328	91	583	150
„ Men .....	18	5	...	...	18	5
Kalm Test—Women .....	9	305	8	387	17	692
„ Men .....	...	22	...	...	...	22
Haemoglobin Estimation .....	312		<del>312</del> 419		<del>312</del> 731	
Sugar Tolerance .....	3		Nil.		3	
Full Blood Counts .....	18		22		40	
Hogben Tests .....	8		2		10	
Referred to Chest Clinic .....	115		1		116	
„ E.N.T. Clinic .....	Nil.		Nil.		Nil.	
„ Venereal Diseases Clinic ..	20		10		30	
„ Heart Clinic .....	33		2		35	
„ X-ray Clinic .....	130		131		261	
„ Obstetrician .....	24		7		31	
Cases treated with Proluton .....	6		2		8	
„ „ „ Disecron .....	5		3		8	

**TABLE 17.**  
**MEDICAL CONSULTATION CLINIC.**

Number of Clinics held.....	23
Number of new cases.....	58
„ „ re-attendances.....	50

The following diagnoses were arrived at :

Mitral Stenosis.....	10	Functional Systolic Bruit .....	1
Functional Systolic Murmur.....	8	Depressed Sternum .....	1
Hypertension .....	1	Congenital Nystagmus.....	1
Hypertension-?Aortitis.....	1	Anaemic Murmur.....	2
Postural Hypertension.....	1	Hypo-Chromic Anaemia.....	2
Slight Aortic Stenosis.....	1	Chronic Bronchitis .....	2
Mitral Stenosis with Aortic		Chronic Bronchitis with Pleural	
Incompetence .....	1	Thickening .....	1
Physiological 3rd sound.....	1	Normal Heart with very mild	
Physiological 3rd Sound with		Hypertension .....	1
Systolic Murmur .....	1	Normal Hearts.....	21
?Mild Hyperthyroidism .....	1		

During the year all cases seen at the Clinic were successfully delivered.

**TABLE 18.**  
**OBSTETRIC CONSULTANT CLINIC.**

	1950	1951	1952	1953
Number of sessions .....	6	17	17	13
Number of new patients .....	16	36	47	48
Total attendances .....	18	41	58	54

**TABLE 19**  
**ATTENDANCES AT CHILD WELFARE CENTRE.**

	S. Peter St. (2 Sessions weekly)	Hozier Street (2 sessions weekly)	Russell Street	Kendal Street (2 sessions weekly)	Griffin	Cornelian St.	Bentham Street	Lower Darwen	Longshaw	Newton St.	Leamington Road	TOTAL
<b>INFANTS—</b>												
New cases under 1 year	151	168	87	163	122	112	87	14	85	117	98	1204
No. of re-attendances	2442	3859	1611	2365	2488	2298	1642	185	1816	2560	989	22253
New cases over 1 year	27	11	14	31	11	10	4	—	11	18	42	175
No. of re-attendances	1530	1988	936	991	1179	903	814	163	423	1331	614	10872
Attendances of Infants	4150	6026	2648	3550	3800	3323	2547	362	2335	4026	1743	34510
Consultations with Doctor .....	831	934	301	918	596	434	286	85	468	506	345	5704
<b>EXPECTANT MOTHERS</b>												
No. of new cases .....	17	17	—	38	13	12	—	—	3	22	10	132
No. of re-attendances	29	103	—	47	83	11	—	—	12	40	13	338
Total Attendances of Expectant Mothers	46	120	—	85	96	23	—	—	15	62	23	470
Total Attendances .....	4196	6146	2648	3635	3896	3346	2547	362	2350	4088	1766	34980
Average Attendance of infants per session.....	43	61	55	36	77	51	55	16	49	80	65	*690

\* Total average attendance *each week* at all Centres.

Of the live births registered during the year, 1204 or 84.3% attended the Infant Consultation Centres.



TABLE 20

## PARTICULARS OF DAY NURSERIES.

	St. Alban's Place	Holden House	Intack*	Church Hill House	Albion Street	Stancilfo Street	Lincoln Street	Total
Number of Approved places—								
0—2 years ... ..	15	7	—	8	8	8	8	54
2—5 years ... ..	45	24	30	34	40	40	44	257
	60	31	30	42	48	48	52	311
Number of Children on the Register at end of year—								
0—2 years ... ..	14	9	—	11	11	7	9	61
2—5 years ... ..	39	17	—	33	36	35	37	197
	53	26	—	44	47	42	46	258
Total Attendances during the year—								
0—2 years ... ..	3193	1404	—	2553	2013	2117	1593	12873
2—5 years ... ..	7642	4391	596	5129	6337	6128	8536	38759
	10835	5795	596	7682	8350	8245	10129	51632

\* Closed, March, 1653

TABLE 21

FEEDING OF INFANTS UP TO SIX MONTHS OF AGE—

Condition at end of 6 months	Number of infants investigated	Breast fed entirely	BREAST FEEDING ALONE UP TO END OF						BREAST FEEDING JOINTLY WITH ARTIFICIAL UP TO END OF						Artificial fed entirely
			3 weeks	1st month	2nd month	3rd month	4th month	5th month	1st month	2nd month	3rd month	4th month	5th month	6th month	
Satisfactory .....	1305	294	73	119	122	115	68	49	71	46	19	4	6	2	317
Fairly Satisfactory	83	1	5	1	1	—	—	—	4	2	—	—	—	—	69
Unsatisfactory ...	22	2	—	1	—	—	—	—	—	—	—	—	—	—	19
Dead .....	9	3	—	—	—	—	—	—	—	—	—	—	—	—	6
	1419	300	78	121	123	115	68	49	75	48	19	4	6	2	411

TABLE 22.

## DENTAL TREATMENT.

(a) Number provided with Dental Care :

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers .....	97	96	92	92
Children under five years old .....	644	257	247	272

(b) Forms of Dental Treatment provided :

	Extractions	Anaesthetics		Fillings	Sealings or Sealings and Gum Treatment	Silver Nitrate Dressings	Dressings	Radiographs	Referred for Dentures
		Local	General						
Expectant and Nursing Mothers	134	3	30	25	47	—	10	2	11
Children under five .....	409	121	58	50	—	26	13	—	—

TABLE 23.

**NUMBERS AND CAUSES OF STILLBIRTHS,  
PREMATURE BIRTHS AND NEO-NATAL DEATHS.**

Still Births	Premature Births	Neo-Natal Deaths
Placental Insufficiency... 1	Twin Pregnancy .....14	Foetal states ...
Foetal States ..... 9	General Debility of mother... 8	Prematurity .....
Maternal States .....12	Ante-Partum Haemorrhage... 1	Post-natal .....
Not known.....15	Breech delivery..... 2	
	Toxaemia of mother.....10	
	Pre-eclampsia..... 2	
	Habitual Premature Labours 4	
	Others ..... 5	
	Not known.....72	
TOTAL .....37	TOTAL .....118	TOTAL .....

**Puerperal Pyrexia.** Forty-seven Borough cases were notified during the year, none of which terminated fatally.

**Notification of Births.**

	<i>Live Births</i>		<i>Still Births</i>		<i>Total</i>
Doctors ... ..	...	—	...	1	1
Midwives ... ..	...	972	...	14	986
Parents and others ... ..	...	1014	...	55	1069
TOTALS	...	1986	...	70	2056

**Section 23. DOMICILIARY MIDWIFERY.**

No. of Confinements attended :

(i) as midwives	...	...	259
(ii) as maternity nurses	...	...	113

No. of cases in which Gas/Air was administered when acting :

(i) as midwives	...	...	211
(ii) as maternity nurses	...	...	76

No. of cases in which Pethidine was administered when acting :

(i) as midwives	...	...	42
(ii) as maternity nurses	...	...	17

	Suppl. Health Visitor	Dist. I.	Dist. II.	Dist. III.	Dist. IV.	Dist. V.	Dist. VI.	Dist. VII.	Dist. VIII.	Dist. IX.	Dist. X.	Dist. XI.	Dist. XII.	Dist. XIII.	Dist. XIV.	Total
Visits to Expect't Mothers																
First Visits ...	23	14	12	-	14	2	6	2	-	85	23	47	9	1	-	238
Re-visits ...	14	20	5	4	-	-	2	2	13	24	6	17	11	2	-	120
Infants under 1 year—																
First Visits ...	2	192	50	125	196	145	119	166	90	142	105	264	90	30	-	1,716
Re-visits ...	-	931	380	1270	934	803	783	1020	717	435	632	711	479	251	-	9,349
Infants aged 1 year ...	-	604	200	698	472	380	428	807	537	331	394	399	335	157	-	5,742
Children 2—5 years ...	-	335	619	449	179	424	260	399	551	168	874	683	437	198	-	5,576
Ophthalmia-Neonatorum—																
First Visits ...	-	-	-	-	-	1	-	-	1	2	-	-	-	-	-	4
Re-visits ...	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2
Diarrhoea—																
First Visits ...	-	-	-	3	1	-	-	-	-	4	-	1	-	-	-	9
Re-visits ...	-	-	-	-	3	-	1	-	-	-	-	1	-	1	-	6
Still Births ...	-	8	4	1	2	3	4	-	3	4	3	-	2	-	-	34
Minor Infectious Diseases	-	17	49	59	84	128	30	58	20	53	127	150	11	5	-	791
Puerperal Fever Visits	-	1	2	-	2	-	-	-	1	3	2	4	-	-	-	15
Houses where deaths of infants occurred ...	-	-	1	2	-	-	-	-	1	-	-	2	-	-	-	6
Miscellaneous Visits ...	243	25	73	59	38	84	1	11	215	11	7	42	11	14	-	834
TOTALS ...	283	2,147	1,395	2,670	1,925	1,970	1,634	2,465	2,149	1,262	2,173	2,324	1,385	660	-	24,442

Number of children under 5 years of age visited during the year 6549; Total number of families or households visited by the Health Visitors 8446



TABLE 25.

## CLINIC SESSIONS ATTENDED.

	<i>Supt. Health Visitor</i>	<i>Dist. I.</i>	<i>Dist. II.</i>	<i>Dist. III.</i>	<i>Dist. IV.</i>	<i>Dist. V.</i>	<i>Dist. VI.</i>	<i>Dist. VII.</i>	<i>Dist. VIII.</i>	<i>Dist. IX.</i>	<i>Dist. X.</i>	<i>Dist. XI.</i>	<i>Dist. XII.</i>	<i>Dist. XIII.</i>	<i>Dist. XIV.</i>	<i>Total</i>
Maternity and Child																
Welfare Clinics ...	1	63	54	87	88	64	71	61	66	70	52	97	44	27	—	845
Ante-Natal Clinics ...	170	13	8	3	12	27	5	8	12	7	7	8	4	3	—	287
Special V.D. Clinics ...	47	26	18	8	—	—	1	—	—	—	—	—	—	—	—	100
Other Clinics ...	—	—	1	—	1	—	—	—	—	—	1	—	—	—	—	3
TOTALS ...	218	102	81	98	101	91	77	69	78	77	60	105	48	30	—	1235

## Section 25. HOME NURSING.

TABLE 26.

Cases outstanding on 1st January, 1953	...	...	495
New Cases	...	...	3048
Number of visits	...	...	78642
Cases outstanding on 31st December, 1953	...	...	506

TABLE 27.

Type of Case	Number of	
	Cases	Visits
Medical ... ..	1808	56495
Surgical ... ..	473	18822
Infectious Disease ... ..	6	78
Tuberculosis ... ..	69	1537
Maternal Complications ... ..	69	1087
Others ... ..	623	623
	<hr/> 3048 <hr/>	<hr/> 78642 <hr/>
Patients included in the above who were over 65 at the time of the first visit ... ..	1000	21497
Children included in the above who were under 5 years of age at the time of first visit ... ..	230	1814
Patients who have had more than 24 visits during the year ... ..	373	24394

## Section 26. VACCINATION AND IMMUNISATION.

**TABLE 28.**  
**VACCINATIONS BETWEEN 1948 AND 1953.**

Age Group	1948 (before July 5th)	1948 (after July 5th)	1949	1950	1951	1952	1953
Under 1 year ...	} 255	173	291	404	328	275	391
„ 1 year		6	3	16	22	19	32
„ 2 years		3	2	19	8	11	13
„ 3 years		2	2	12	5	10	8
„ 4 years		—	3	18	4	5	5
5—14 years		—	12	4	25	28	54
15 and over		271	115	453	265	430	668
TOTALS ...	255	455	428	926	657	778	1171

**TABLE 29.**  
**WHOOPIING COUGH IMMUNISATION.**

Ago				1950	1951	1952	1953
Under 1 year	...	...	...	374	67	92	340
1 year	...	...	...	137	237	245	287
2 years	...	...	...	23	35	42	23
3 years	...	...	...	11	9	11	13
4 years	...	...	...	10	4	2	8
Over 4	...	...	...	10	9	6	10
TOTALS	...	...	...	565	361	398	681

# DIPHTHERIA IMMUNISATION.

TREATMENTS COMPLETED EACH YEAR FROM 1941 TO 1953.

Age in years on 31st December of corres- ponding year.	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953
1	284	543	762	667	930	866	959	1237	1030	1016	1087	989	982
2	205	306	187	145	136	108	157	77	78	73	80	61	47
3	296	330	174	57	76	80	48	48	125	71	35	41	47
4	418	382	212	101	117	113	150	103	40	64	52	74	99
5	599	256	215	106	160	106	123	91	24	155	96	131	182
6	583	168	187	100	130	86	155	77	45	55	92	132	193
7	503	127	115	78	125	116	117	70	30	49	76	86	129
8	500	97	128	71	120	85	106	68	20	28	56	89	88
9	550	87	118	79	113	77	103	77	15	19	32	58	68
10	484	73	99	71	127	59	89	61	9	18	34	65	70
11	462	47	58	31	113	57	72	52	32	14	31	49	31
12	536	26	33	24	159	49	76	9	24	12	12	35	23
13	399	20	36	33	148	35	58	8	35	8	13	55	32
14	96	...	11	5	64	8	31	10	24	11	6	55	23
15+	116	...	...	3	...	...	4	...	4	...	...	—	—
TOTAL...	6031	2462	2335	1571	2518	1845	2248	1988	1535	1593	1702	1920	2014

TABLE 31.

## DIPHTHERIA IMMUNISATION.

Treatments completed during 1953.

Age.	Number completed in 1953.	Number completed prior to 1953.	Number immunised to end of 1953.	
Under 1	681	—	681	Population under 1
1	301	614	915	1,460 (46.6%)
2	47	947	994	Population
3	47	1269	1316	1—4
4	99	1193	1292	5,940
				(76.3%)
	1175	4023	5198	
		Children 5 to 15.		
5	182	1017	1199	
6	193	1015	1208	
7	129	1453	1582	Population
8	88	1444	1532	5—14
9	68	1433	1501	14,400
10	70	1200	1270	(94.3%)
11	31	1333	1364	
12	23	1258	1281	
13	32	1295	1327	
14	23	1292	1315	
	839	12740	13579	
Total ... Ages 1-15	2014	16763	18777	

In addition to the children included in this table 2,112 children who had been previously immunised received re-inforcing injections.



## Section 27. AMBULANCE SERVICE.

TABLE 32.

AMBULANCE RUNNING during the year ended 31st March, 1953.

	Directly provided Service		Supplementary Service	
	Ambulances	Sitting case Vehicles	Ambulances	Sitting-case Vehicles
1. No. of operational vehicles at 31st March, 1953...	9	2	—	—
2. No. of patients carried (a) Accident or Emergency	2641	43	Nil.	Nil.
(b) Others .....	20778	511	Nil.	70
(c) Total (a) and (b).....	23419	554	Nil.	70
3. No. of journeys (a) Patient carrying journeys...	7033	295	Nil.	50
(b) Abortive & Service journeys	144	3	Nil.	Nil.
(c) Total (a) and (b) .....	7177	298	Nil.	50
4. Total mileage .....	107826	10324	Nil.	1253
5. Number of operational staff .....	28			
6. Population of Service Area.....	118000 (approx).			
7. Acreage of Service Area .....	22088			
8. Number of Ambulance Stations.....	2			

TABLE 33.

## TUBERCULOSIS. CLINIC WORK PERFORMED AT THE DISPENSARY.

	Respiratory			Non-Respiratory			Totals			Grand Totals
	M	W	Ch.	M	W	Ch.	M	W	Ch.	
A. (1) Number of notified cases of Tb. on clinic registers on 1st JANUARY, 1953 ...	303	214	28	37	48	77	340	262	105	707
(2) Transfers from clinics under other H.M.C.'s or B.G.'s during the year ...	5	5	-	-	-	-	5	5	-	10
(3) Cases lost sight of which returned to clinic during the year ...	-	-	-	-	-	-	-	-	-	-
B. Number of New Cases diagnosed as tuberculous during the year—Tb. MINUS ...	22	12	13	3	6	9	25	18	22	65
Tb. PLUS ...	34	10	-	-	-	-	34	10	-	44
C. Number of cases in A and B (1) Recovered ...	27	20	2	6	13	58	33	33	60	126
written off clinic registers (2) Died (all causes) ...	32	7	-	-	1	-	32	8	-	40
during the year :— (3) Removed to other H.M.C. or B.G. clinics ...	4	1	1	2	-	3	6	1	4	11
(4) Other reasons ...	3	5	-	-	-	4	3	5	4	12
D. (1) Number of notified cases of Tb. on clinic registers on 31st DECEMBER, 1953 ...	298	208	38	32	40	21	330	248	59	637
(2) Number of above known to have had positive sputum within preceding six months ...	-	-	-	-	-	-	44	23	-	67
E. (a) Number of persons first examined during the year ...	-	-	-	-	-	-	309	259	188	756
(b) Number of those in (a) who attended as Contacts and who were :—	-	-	-	-	-	-	1	1	-	2
(1) Diagnosed as tuberculous ...	-	-	-	-	-	-	-	-	-	-
(2) Not tuberculous ...	-	-	-	-	-	-	35	51	111	197
(3) Not determined (as at 31st December, 1953) ...	-	-	-	-	-	-	-	-	4	4
F. NUMBER OF PATIENTS ON CLINIC REGISTERS AWAITING ADMISSION TO TB. INSTITUTION ...	2	3	-	-	-	-	2	3	-	5

## Section 29. HOME HELP SERVICE.

Number of patients on Books, 1st January, 1953.....	126
Number of new patients .....	192
Total patients attended during the year—Maternity .....	8
Chronic Sick .....	310
Total number of hours worked by Helps.....	62338
Number of Helps employed at end of year.....	45
Cost of Service (year ending 31st March, 1953.....	£9776
Amount recovered from patients.....	£1449

### Sections 28 and 51. MENTAL HEALTH.

TABLE 34.

	In Hospital	Admissions	Discharges	Others	Totals
	F M	F M	F M	F M	F M
In Mental Hospitals on 1/1/53 ...	250 134				
In Queen's Park Hospital on 1/1/53 ...	11 8				
Admitted to Mental } Section 1 ...		73 65			
Hospitals 1/1/53 to } „ 5 ...		9 6			
31/12/53 } „ 16 ...		24 20			
Discharged 1/1/53 to 31/12/53 ...			36 47		
Deceased 1/1/53 to 31/12/53 ...			37 33		
In Queen's Park under observation 31/12/53 ... ..				2 5	
Totals { In Hospital 1/1/53 ... ..	261 142				
{ Admissions ... ..		106 91		2 5	369 238
{ Discharges and Deaths ... ..			73 80		73 80
In Hospital, 31/12/53 ... ..					296 158

TABLE 35.

## REMOVALS BY AUTHORISED OFFICERS.

HOSPITAL.	Section 20		Section 21		Section 16		Sec. 1		Sec. 5		Total	
	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.
Queen's Park Hospital	55	71	27	21	2	3	48	49	—	—	132	144
Whittingham .....	—	4	—	—	20	16	22	12	9	6	55	34
Wesham Park .....	1	—	—	—	—	—	—	—	—	—	1	—
Burnley General .....	—	2	—	—	—	—	1	1	—	—	1	3
Lancaster Moor .....	—	—	—	—	—	1	—	—	—	—	—	1
Sharoc Green.....	—	—	—	—	—	—	1	—	—	—	1	—
Bolton General .....	—	—	—	—	—	—	1	1	—	—	1	1
Springfield Hospital, Manchester.....	—	—	—	—	2	—	—	2	—	—	2	2
Billinge Hosp., Wigan ...	1	—	—	—	—	—	—	—	—	—	1	—
TOTALS .....	57	77	27	21	24	20	73	65	9	6	194	185

Also removed, one male private patient to Cheadle Royal

TABLE 36.

Statistics, Lunacy and Mental Treatment Acts, 1890-1930.

	Female	Male	Total
Patients known to be in-patients of Mental Hospitals on January 1st. ... ..	250	134	384
In-patients Queen's Park Hospital on January 1st. ...	11	8	19
Observation cases admitted under Section 20 and 21 ...	84	98	182
Observation cases—			
Discharged not certifiable ... ..	57	71	128
Deceased whilst under observation ... ..	1	2	3
Under Observation at Whittingham, Burnley General & Queen's Park Hospitals on 31st December ...	2	5	7
Cases admitted to Mental Hospitals—			
(a) Section 16 ... ..	24	20	44
(b) Voluntary ... ..	73	65	138
(c) Temporary ... ..	9	6	15
Voluntary cases admitted to Mental Hospitals by private arrangement ... ..	25	11	36
Discharged from Mental Hospitals ... ..	36	47	83
Deceased in Mental Hospitals ... ..	37	33	70
Cases investigated as Mental Illness but removed as sick persons ... ..	2	2	4
Visits up to December 31st			
Social History of Patient in Mental Hospital ...	...	1	1
Visits to Patients in connection with "After Care" ...	102	40	142
Visits to Reported Cases before removal to Mental Hospital ... ..	164	125	289
Visits to Cases other than of Mental Illness ... ..	83	48	131

TABLE 37.

Visits paid by Mental Welfare Workers to Mental Defectives.

	Males	Females	Total
Cases under supervision Voluntary and Statutory ...	134	113	247
Cases under Guardianship ... ..	12	14	26
Cases on licence ... ..	8	24	32
Home reports etc. for cases under Institutional care and on Short Licence ... ..	83	80	163
Reports on behalf of other Local Authorities ... ..	43	42	85
TOTAL VISITS ... ..	280	273	553



TABLE 38.

## Mental Deficiency Acts, 1913 to 1938.

## PARTICULARS OF CASES REPORTED DURING THE YEAR, 1953.

## (1) Ascertainment.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
(i) Cases reported by Local Education Authorities, (Section 57, Education Act, 1944) :			
(1) Under Section 57 (3).....	3	1	4
(2) Under Section 57 (5)—			
On leaving special schools.....	—	1	1
On leaving ordinary schools.....	2	1	3
(ii) By Police or Courts.....	—	—	—
(iii) Other Sources .....	—	1	1
<b>TOTAL</b> ascertained defectives found to be " subject to be dealt with " during the year.....	5	4	9
(iv) Other reported cases ascertained during 1953 who are not at present " subject to be dealt with "...	—	1	1
(v) Cases reported but not confirmed as defectives by 31st December.....	6	1	7
<b>TOTAL</b> number of cases reported during the year...	11	6	17

## (2) Disposal of cases reported during the year.

(a) Ascertained defectives found to be " subject to be dealt with " :			
(i) Placed under Statutory Supervision .....	6	3	9
(ii) Placed under Guardianship.....	—	—	—
(iii) Taken to " places of safety ".....	—	—	—
(iv) Admitted to Institutions.....	2	2	4
<b>TOTAL</b> ascertained defectives found to be " subject to be dealt with ".....	8	5	13
(b) Cases not at present " subject to be dealt with " :			
(i) Placed under Voluntary Supervision.....	—	—	—
(ii) Action unnecessary.....	—	1	1
<b>TOTAL</b> cases not at present " subject to be dealt with ".....	—	1	1

TABLE 39.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Disposal of Cases on Authority's Registers as at 1st January, 1954 :			
(c) Of the cases ascertained to be defectives " subject to be dealt with " number—			
(i) Under Statutory Supervision (excluding cases on licence) Under 16 years of age.....			
	31	17	48
Aged 16 years and over.....			
	35	22	57
(ii) Under Guardianship (including cases on licence therefrom) Under 16 years of age.....			
	—	1	1
Aged 16 years and over.....			
	1	2	3
(iii) In " places of safety " Under 16 years of age...			
	—	—	—
Aged 16 years and over			
	—	—	—
(iv) In Institutions (including cases on licence therefrom) Under 16 years of age.....			
	9	2	11
Aged 16 years and over.....			
	74	64	138
(d) Of the cases not ascertained to be defectives " subject to be dealt with " number :			
(i) Under Voluntary Supervision.....			
	13	14	27
(ii) Action unnecessary.....			
	—	—	—
TOTAL ascertained cases found to be " subject to be dealt with ".....			
	163	122	285

**(3) Classification of Mental Defectives in the Community on 1st January, 1954 :**

(a) (1) Cases included in item 2(c) (i) to (iii) above in urgent need of institutional care :			
(i) " cot and chair " cases : Under 16 years of age			
	1	1	2
(ii) ambulant low grade cases : " " " " "			
	4	—	4
Over " " " "			
	1	—	1
(iii) medium grade cases .....			
	1	—	1
(iv) high grade cases .....			
	—	—	—
(2) Cases included in items 2(c) (i) to (iii) not in urgent need of institutional care :			
(i) " cot and chair " cases : Under 16 years of age			
	5	2	7
Aged 16 years and over			
	—	1	1
(ii) ambulant low grade cases :			
Under 16 years of age			
	12	11	23
Aged 16 years and over			
	4	9	13
(iii) medium low grade cases: Under 16 years of age			
	7	3	10
Aged 16 years and over			
	27	8	35
(iv) high grade cases : Under 16 years of age.....			
	1	1	2
Aged 16 years and over ...			
	4	6	10
TOTAL .....			
	67	42	109

Table 39.—Continued.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
(b) Of the cases included in items 2(a) (i) and (ii) and 2(b) (i) above, number considered suitable for			
(i) Occupation Centre :   Under 16 years of age...	11	17	28
Aged 16 years and over	2	—	2
(ii) Industrial centre :   Aged 16 years and over	4	6	10
(iii) Home training :     Under 16 years of age...	11	—	11
Aged 16 years and over	3	7	10
<b>TOTAL .....</b>	<b>31</b>	<b>30</b>	<b>61</b>
(e) Number of Mental Defectives Receiving Training :			
(i) In occupation centre : Under 16 years of age...	10	14	24
Aged 16 years and over	2	1	3
(ii) Industrial centre .....	—	—	—
(iii) At home :           Under 16 years of age...	10	—	10
Aged 16 years and over	—	1	1
<b>TOTAL .....</b>	<b>22</b>	<b>16</b>	<b>38</b>
<b>(4) Number of Mental Defectives in Institutions under Community Care including Voluntary Supervision or in " Places of Safety " on 1st January, 1953 who have ceased to be under any of these forms of care during 1953.</b>			
(a) Ceased to be under care .....	1	—	1
(b) Died, removed from area, or lost sight of .....	2	1	3
<b>TOTAL .....</b>	<b>3</b>	<b>1</b>	<b>4</b>
<b>(5) Of the Total Number of Mental Defectives known to the Local Health Authority :</b>			
(a) Number who have given birth to children unmarried during 1953 .....		Nil.	
(b) Number who have married during 1953 .....		One	

TABLE 40.

**EPILEPTICS AND CEREBRAL PALSY.**

In accordance with Ministry of Health Circular the following table sets out the number of ascertained Epileptic and Cerebral Palsies in the Borough.

These figures, probably an understatement of the position, have been arrived at after analysis of our school medical and child welfare records, consultation with the Welfare Services and other bodies likely to be of help.

In particular the number of epileptics must be far short of the mark as minor degrees of this condition may well miss diagnosis.

**Epileptics.**

A. Under 5 years.....	Nil.
B. Aged 5—15 years :	
(a) not at school (receiving Home Tuition).....	1
(b) at ordinary school.....	5
C. Over 15 years :	
(a) at Langho Colony .....	20
(b) at Maghull .....	2
(c) in Part III accommodation	10
(d) others .....	6

**Cerebral Palsy.**

A. Under 5 years.....	1
B. Aged 5—15 years :	
(a) Educable—	
(i) not at school.....	2
(ii) at ordinary school...	1
(b) Ineducable—	
(i) at Occupation Centre	1
(ii) Home Tuition.....	4
(iii) Others .....	1
(iv) In Hospital.....	1
C. Over 15 years—	
(i) Home Tuition.....	2
(ii) In Hospital.....	7
(iii) Others .....	15

TABLE 41.

## NATIONAL ASSISTANCE ACTS : INCIDENCE OF BLINDNESS.

A. FOLLOW-UP OF REGISTERED BLIND AND  
PARTIALLY SIGHTED PERSONS.

(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends :	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment .....	3	—	—	9
(b) Treatment : Medical .....	2	1	—	2
Surgical .....	6	1	—	1
Medical & Surgical .....	—	—	—	1
Optical .....	—	—	—	—
	11	2	—	13
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .....	1	—	—	—

## B. OPHTHALMIA NEONATORUM.

(i) Total number of cases notified during the year...	Nil.
(ii) Number of cases in which :	
(a) Vision lost .....	—
(b) Vision impaired .....	—
(c) Treatment continuing at end of year .....	—



## *APPENDIX*

**Report of Mass Miniature Radiography Survey  
November, 1952, to March, 1953**

## MANCHESTER REGIONAL HOSPITAL BOARD.

### Nos. 1, 4, 5 and 6 MASS RADIOGRAPHY UNITS

#### No. 58 SURVEY IN BLACKBURN COUNTY BOROUGH

NOVEMBER, 1952, to MARCH, 1953.

The County Borough of Blaekburn was the first large town in No. 1 Unit's operating area to be visited for a second time. In an endeavour to increase the response, two Units were employed on this occasion, one in a static role and the other in a mobile capacity. This new method proved extremely successful and 32,958 volunteers were examined on this occasion as compared with 14,069 during the 1946/7 Survey. In order to complete the work in time for the commencement of the Salford Survey, the assistance of Nos. 4 and 5 Units was enlisted for a short period.

The Survey extended over 20 weeks, but X-raying was done in only 18 weeks as two weeks at Christmas were devoted to statistical work and annual reports. The two Units who came in to help towards the end of the survey accounted for 4,486 persons (No. 4 Unit, 3,556 and No. 5 Unit 930), so that Nos. 1 and 6 Units X-rayed 28,472 persons in 18 weeks giving an average of 1,582 for the two units per week or 791 persons per Unit per week. This represents a good sustained effort which resulted in about 38% of the available population (11 years and over) of a County Borough of 100,000 population being X-rayed by two Units in four months. If this rate of working were maintained for a year the turn-over of each unit, however, would be only 42,000 or considerably less than can be achieved by one Unit rapidly moving from one large industrial firm to another. During a survey in one geographical area or community, the response, after a certain period, falls below that necessary to keep the units economically occupied. We were just beginning to enter this stage at the end of the Blaekburn Survey and believe that after 40% of the available community has been X-rayed the numbers coming forward fall substantially and those persons still not X-rayed are less amenable to, or cannot be reached by the usual methods of propaganda. In the Rhondda Fach Survey personal canvassing of individuals had to be resorted to at an early stage and had in many cases to be repeated several times before the reluctant members of the community would attend for X-ray. (B.M.J. 18.10.52).

The best response obtained by this Unit working on its own was at Clithero where a 50% response was obtained. This is a small residential and market town with some local light industry. The population is 12,000; of whom 10,000 are over the age of 14 years. Here 5,157 persons were X-rayed in four consecutive weeks by this Unit in 1951.

The organisation of the Blackburn Survey was described at length in the interim report issued on 30th June, 1953\*. The main advantages of using the two units are that the static unit is able to offer extensive facilities to the groups which it is difficult to organise, by holding public sessions and to take all the large recall films for both Units, except in respect of the largest factories where the mobile Unit takes its own large films. This enables the mobile Unit to become very much more mobile than usual. The concentrating of the survey into a shorter period also means that interest is not allowed to wane as in a survey spread over many months.

During the survey it was found convenient to visit the village of Mellor and the Langho Epileptic Colony and a separate report will be issued in regard to this work.

The thanks of the Units are due to the local authority for the assistance given, both financial and in many other ways, and for the great interest displayed in the work. In particular, thanks are due to the Chairman and Vice-Chairman of the Health Committee (Councillors Whitehead and Bolton) and to the Medical Officer of Health (Dr. Thierens) and his Administrative Assistant Mr. Hodson) without whose help the survey would not have been so successful.

The final statistics are laid out in the attached tables.

### COMMENTS.

#### Response.

It is significant that the 1946/7 survey produced 13,823 industrial and office volunteers from 90 large firms whilst the 17,852 volunteers in 1952/3 necessitated arrangements being made with 226 firms. To increase this response by approximately 4,000 examinees meant contacting an additional 36 employers. The percentage response in 1952/3 was higher, however, than in 1946/7 being 59.1% as compared with 50.7%. On both occasions the female response was better than that from the males.

The greatest increase was in the so-called "general public" group which consists of employees of very small firms, housewives and retired persons who are difficult to organise other than by holding many well-advertised public sessions in a central position in the town. The volunteers in this group increased from 246 in 1946/47 to 8,624 in 1952/3. Of this number it is significant that 5,317 were working in some way in gainful employment.

The group of children 14 years of age and over produced 2,518 volunteers as compared with only 1,475 in 1946/7. For the first time the children between 1 and 14 years of age were included and this group produced 3,331 examinees.

The General Medical Practitioners were invited to co-operate on this occasion and they referred 176 cases with a request for a report, as well as being responsible for encouraging many other people to attend.

\* Now irrelevant and not attached.

The mental patients and residents of local authority accommodation at Queen's Park Hospital were also included in the survey. Despite a special session being set aside for them, only 12 Ante-Natal cases attended although many attended in the normal routine through their place of work.

Had there been sufficient time, the survey could have been prolonged as the attendance at the public sessions was still being fairly well maintained and visits could have been paid to sites in residential areas. Similarly no attempt was made to persuade the reluctant firms, owing to lack of time.

Thirty-two people recalled for large films failed to attend, but this represents a slightly lower percentage than in 1946/7 when 17 persons failed to attend for this purpose.

## FINDINGS.

### Active Tuberculosis.

It is now ten months since the interim report on the Blackburn Survey was written and since then a further nine cases of active respiratory tuberculosis have been notified, making a total of 51 out of 32,958 persons X-rayed, or 1.5 per 1,000. In the 1946/7 survey 14,069 persons were X-rayed and 24 cases of active tubercle were discovered giving an incidence of 1.7 per 1,000. The incidence was less in both sexes in the present survey, being 2.0 per 1,000 for males and 1.1 per 1,000 for females as compared with 2.4 per 1,000 for males and 1.6 per 1,000 for females in 1946/7.

Table 5 shows that the incidence of active tubercle was greater among males than among females in all occupational groups and that it was greatest among employed persons attending as general public.

The following table shows the incidence found among industrial groups as opposed to general public sessions in recent surveys by this Unit:—

				Active Cases of Pulmonary Tuberculosis per 1,000.			
				Industrial & Office Personnel		General Public	
				Males	Females	Males	Females
RAWTENSTALL,	1950	...	...	2.4	2.4	2.6	3.3
BACUP	...	1950	...	2.9	—	5.1	1.3
LEYLAND	...	1951	...	1.7	1.6	3.8	—
HASLINGDEN	...	1951	...	4.2	3.7	11.9	1.4
CLITHEROE	...	1951	...	1.9	2.2	6.9	—
ACCRINGTON	...	1951/52	...	2.3	1.3	5.3	1.7
DARWEN	...	1952	...	2.0	2.3	—	—
CHORLEY	...	1952/53	...	2.3	1.9	2.4	—
BLACKBURN	...	1952/53	...	1.9	1.1	2.8	1.3



Since the interim report no further cases of active tubercle have been reported among the children X-rayed. It has been the policy in the past to restrict Mass Radiography to children in the over 14 age groups in schools. At the special request of Dr. V. T. Thierens, the Medical Officer of Health, we X-rayed 3,331 school children in the 11—14 age groups as well as 2,518 in the over 14 age group. The results are quoted at length in the interim report. Four cases of active disease were discovered in the under 14 age group. Dr. Thierens was particularly interested in this group for two reasons. Firstly because any positive findings give a direct lead to contact searching and secondly to remove all contact in the schools to facilitate possible B.C.G. vaccination schemes of school children.

The age incidence of the active cases (Table 6) shows that there is very little tubercle among the older women who, unfortunately, tend to predominate at public sessions. Among the 3,553 women between the ages of 45 and 59 X-rayed, no active case of tubercle was discovered. Among 3,657 males in the same age group there were 13 cases. Similarly among 1,026 females of 60 years and over only 1 case of tubercle was found, while among 1,240 males in the same age group there were 5 cases. Out of the 51 active cases discovered only 4 were housewives.

### Non-Tuberculous Abnormalities.

Table 8 shows the non-tuberculous abnormalities discovered or noted. It will be seen that 18 of these were classified as intrathoracic new growths. This is a high incidence but several were already known to their own doctors, *e.g.* bronchial carcinoma having already had a pneumonectomy, two cases of secondary deposits from breast carcinomas, a lipoma, a neuro-fibroma, etc. There remained five new bronchial carcinomas that were considered by Dr. Ward to be suitable for further investigation and treatment.

During this survey 172 persons were referred to Dr. Ward, the Consultant Chest Physician, at the Blackburn Chest Clinic and our thanks are due to him and his staff for their great assistance. In doubtful cases the large films were read with Dr. Ward in order to decide whether further investigation was necessary. In all cases full reports were sent to the General Medical Practitioners concerned and 240 persons were referred to their own Doctors.

R. STALKER, *Medical Director* ; J. H. EVANS, *Organising Secretary*.

30th April, 1954.

No. 1 Mass Radiography Unit.



Table 1. Analysis of Persons Examined :

	Males	Females	Total
Industrial and Office Personnel Available ...	17,275	12,952	30,227
Industrial and Office Personnel X-rayed ...	9,557	8,295	17,852
Percentage Response .....	55.3%	64.0%	59.1%
General Public X-rayed (Employed) .....	2,909	2,408	5,317
General Public X-rayed (Unemployed) .....	361	2,946	3,307
School children 14 years and over X-rayed...	1,308	1,210	2,518
School children 11—14 years X-rayed .....	1,697	1,634	3,331
Cases referred by General Practitioners.....	67	109	176
Ante and Post Natal Cases X-rayed.....	—	12	12
Persons in contact with children X-rayed at request of Medical Officers of Health.....	8	202	210
Mental Patients X-rayed.....	27	25	52
Part III Accommodation Residents X-rayed	97	86	183

Table 2. Number of Persons Recalled :

	Males	Females	Total
Recalled for large film.....	703	611	1,314
Failed to attend for large film.....	17	15	32
Recalled for interview or clinical examination with Medical Director .....	366	324	690
Failed to attend for interview or clinical examination .....	6	2	8

Table 3. Cases Referred for Treatment or Investigation :

	Males	Females	Total
Referred to Chest Physician .....	163	109	172
Referred to own Doctor .....	144	96	240
Failed to attend Chest Clinic or own Doctor...	13	16	29

Table 4. Disposal of 52 Cases of Active Pulmonary Tuberculosis :

	Admitted or waiting Sanatorium	Under Clinic Supervision	Under care of Private Doctor	Refused further action	Removed or lost sight of	Previously known at Chest Clinic
<b>MALES</b>						
Sputum Positive	11	3	—	—	—	1
Sputum Negative	12	4	—	2	—	—
<b>FEMALES</b>						
Sputum Positive	3	—	—	—	—	—
Sputum Negative	8	6	—	1	1	—
<b>TOTALS</b> .....	<b>34</b>	<b>13</b>	<b>—</b>	<b>3</b>	<b>1</b>	<b>1</b>

Table 5. Active Pulmonary Tuberculosis Discovered (Previously Unknown)  
Analysis by Origin :

	No. of persons examined.			No. of cases discovered		
	Males	Females	Total	Males	Females	Total
Industrial and Office Personnel...	9,557	8,295	17,852	18	9	27
Rate per 1,000 examined.....	1.9	1.1	1.5	...	...	...
General Public (Employed) .....	2,909	2,408	5,317	8	3	11
Rate per 1,000 examined .....	2.8	1.2	2.1	...	...	...
General Public (Unemployed) ...	361	2,946	3,307	1	4	5
Rate per 1,000 examined .....	2.8	1.4	1.5	...	...	...
School children 14 years and over	1,308	1,210	2,518	2	...	2
Rate per 1,000 examined .....	1.5	...	0.8	...	...	...
School children 11—14 years ...	1,697	1,634	3,331	2	2	4
Rate per 1,000 examined .....	1.2	1.2	1.2	...	...	...
General Practitioner Cases .....	67	109	176	1	1	2
Rate per 1,000 examined .....	14.9	9.2	11.4	...	...	...
Ante and Post Natal Cases ...	...	12	12	...	...	...
Persons in contact with children X-rayed at request of Medical Officers of Health .....	8	202	210	...	...	...
Dental Patients .....	27	25	52	...	...	...
Part III Accommodation Residents .....	97	86	183	...	...	...
<b>TOTALS</b> .....	<b>16,031</b>	<b>16,927</b>	<b>32,958</b>	<b>32</b>	<b>19</b>	<b>51</b>
<b>TOTAL RATE PER 1,000 EXAMINED</b>	<b>2.0</b>	<b>1.1</b>	<b>1.5</b>			

**Table 6. Number of Persons Examined by Age Group and Incidence of Pulmonary Tuberculosis :**

	MALES		FEMALES	
	Number examined	Active Pulmonary Tuberculosis	Number examined	Active Pulmonary Tuberculosis
Under 15 years .....	2555	4	2468	2
15-24 years .....	2460	2	3859	7
25-34 years .....	3278	8	3095	4
35-44 years .....	2841	1	2926	5
45-59 years .....	3657	13	3553	—
60 years and over ...	1240	5	1026	1
TOTALS .....	16031	33	16927	19

**Table 7. Inactive Pulmonary Tuberculosis Discovered :**

	MALES	FEMALES	TOTAL
Number of cases discovered .....	468	399	867
Rate per 1,000 examined .....	29.2	23.6	26.3
DISPOSAL OF ABOVE—			
Placed under observation at Chest Clinic .....	42	29	71
Already on Chest Clinic Register...	7	5	12
Referred own Doctor.....	18	11	29
Removed or lost sight of .....	13	5	18
Refused further action .....	2	4	6
No action required.....	386	345	731

Table 8. Classification of Non-Tuberculous Abnormalities Discovered :

	MALES	FEMALES	TOTAL
Abnormalities of bony thorax and lungs	121	102	223
Chronic Bronchitis and Emphysema...	146	104	250
Pneumonia—lobar .....	—	1	1
Broncho-Pneumonia .....	—	2	2
Consolidation of unknown cause.....	1	2	3
Bronchiectasis .....	56	39	95
Pulmonary Fibrosis .....	11	17	28
Pneumokoniosis .....	13	—	13
Basal Fibrosis .....	22	11	33
Pleural Thickening .....	140	58	198
Pleural and interlobar effusion .....	1	1	2
Intra-thoracic new growth .....	14	4	18
Cardio-vascular lesions—congenital.....	—	4	4
Cardio-vascular lesions—acquired .....	101	110	211
Aneurysm of Aorta .....	2	—	2
Dextrocardia .....	1	1	2
Eventration of Diaphragm .....	7	3	10
Empyema .....	3	—	3
Cystic disease of the lungs .....	10	6	16
Cyst Left Breast .....	—	1	1
Foreign Bodies .....	8	—	8
Visceroptosis .....	1	—	1
Lobectomy .....	—	2	2
Thyroid Abnormalities .....	17	25	42
Acquired bony abnormalities .....	5	—	5
Abscess of lung .....	1	—	1
TOTALS .....	681	493	1174

Table 9. Disposal of Non-Tuberculous Cases Discovered :

	MALES	FEMALES	TOTAL
Referred own Doctor.....	99	79	178
Referred Chest Physician .....	44	24	68
Referred Hospital .....	1	—	1
Refused further action .....	3	1	4
Removed or lost sight of .....	4	9	13
No action required.....	530	380	910
TOTALS .....	681	493	1174

Table 10. Analysis of Findings in Schoolchildren 14 years and over :

	MALES	FEMALES	TOTAL
Number examined .....	1308	1210	2518
Number recalled for large film .....	19	29	48
Number recalled by Medical Director for interview or clinical examination	13	25	38
ABNORMALITIES DISCOVERED :			
Active primary pulmonary tuberculosis	2	—	2
Abnormalities of bony thorax and lungs	11	9	20
Chronic bronchitis and emphysema.....	—	2	2
Consolidation of unknown cause.....	—	1	1
Bronchiectasis .....	4	1	5
Pleural Effusion .....	—	1	1
Pleural Thickening .....	1	4	5
Cardio-vaseular lesions—acquired .....	—	2	2
Eventration of Diaphragm .....	1	—	1
Inactive primary pulmonary tuberculosis .....	17	10	27
Inactive post primary pulmonary tuberculosis .....	—	1	1
DISPOSAL OF ABOVE :			
For admission to Sanatorium .....	2	—	2
For observation at Chest Clinic .....	3	2	5
For observation by own Doctor .....	—	1	1
Removed or lost sight of .....	—	1	1
No further action necessary .....	31	27	58



Table 11. Analysis of Findings in Schoolchildren 11—14 years :

	MALES	FEMALES	TOTAL
Number examined .....	1697	1634	3331
Number recalled for large film .....	69	48	117
Number recalled by Medical Director for interview or clinical examination.....	20	12	32
ABNORMALITIES DISCOVERED :			
Active primary pulmonary tuberculosis	1	1	2
Active post primary pulmonary tuberculosis .....	1	1	2
Abnormalities of bony thorax and lungs	24	12	36
Chronic Bronchitis and Emphysema...	6	4	10
Bronchiectasis .....	8	9	17
Basal Fibrosis .....	4	1	5
Pleural Thickening .....	1	3	4
Cardio-vascular lesion—congenital ...	—	1	1
Cardio-vascular lesions—acquired .....	2	2	4
Dextrocardia .....	1	—	1
Eventration of Diaphragm.....	1	—	1
Cystic disease of the lungs .....	2	—	2
Empyema .....	1	—	1
Inactive primary pulmonary tuberculosis .....	26	13	39
Inactive post primary pulmonary tuberculosis .....	2	4	6
DISPOSAL OF ABOVE :			
For admission to Sanatorium .....	2	2	4
For observation at Chest Clinic .....	5	2	7
For observation by own Doctor .....	1	2	3
No further action necessary .....	72	45	117

Table 12. Cases referred by General Practitioners :

	MALES	FEMALES	TOTAL
Number of cases referred .....	67	109	176
ABNORMALITIES DISCOVERED :			
Active pulmonary tuberculosis .....	1	1	2
Abnormalities of bony thorax and lungs .....	1	2	3
Bronchitis .....	18	14	32
Bronchiectasis .....	5	—	5
Pulmonary Fibrosis .....	1	—	1
Pleural Thickening .....	2	4	6
Intra-thoracic new growth .....	1	1	2
Cardio-vascular lesions .....	1	5	6
Cystic disease of the lungs .....	1	—	1
Inactive primary pulmonary tuberculosis .....	1	3	4
Inactive post primary pulmonary tuberculosis .....	5	2	7

Table 13. Analysis of Findings in General Public X-Rayed :

	EMPLOYED			UNEMPLOYED		
	MALES	FEMALES	TOTAL	MALES	FEMALES	TOTAL
Number of persons examined ..	2909	2408	5317	361	2946	3307
ABNORMALITIES DISCOVERED :						
Active pulmonary tuberculosis .....	8	3	11	1	4	5
Abnormalities of bony thorax and lungs .....	12	8	20	4	12	16
Chronic Bronchitis and Emphysema .....	37	10	47	9	34	43
Bronchiectasis .....	11	9	20	6	7	13
Pulmonary Fibrosis .....	4	2	6	4	8	12
Pleural Thickening .....	35	9	44	12	15	27
Intra-thoracic new growths ...	5	1	6	—	1	1
Cardio-vascular lesions .....	16	19	35	9	19	28
Basal Fibrosis .....	3	3	6	—	1	1
Pleural Effusion .....	1	—	1	—	—	—
Pneumokoniosis .....	4	—	4	—	—	—
Broncho-pneumonia .....	—	—	—	—	1	1
Miscellaneous .....	7	2	9	2	6	8
Inactive primary pulmonary tuberculosis .....	16	14	30	2	14	16
Inactive post primary pulmonary tuberculosis.....	84	60	144	9	83	92

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1953-54.

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Councillor Mrs. McNAMEE

Mr. Councillor R. F. MOTTERSHEAD, C.B.E., J.P.

„ T. ELLIS

„ F. HULME

The Rev. W. STANYON

The Rev. F. BAMBER

The Very Rev. Canon McENERY

B. ASPINALL, Esq., M.B.E.

Miss I. ARMSTRONG, M.A.

G. WALMSLEY, Esq.



PUBLIC HEALTH DEPARTMENT,  
VICTORIA STREET,  
BLACKBURN.

June, 1954

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my twenty-seventh Annual Report, the 48th of the series, on the work of the School Health Service during 1953.

I referred last year to the increase in the Orthoptic Establishment to two, one of whom worked for the Local Hospital Management Committee on two half-days a week. During 1953, demands by the Royal Infirmary so increased that the Education Committee decided to increase the establishment to three.

Each Orthoptist (when the establishment is attained), will spend one third of her time at the Royal Infirmary thus maintaining hospital contact and the Hospital Management Committee will reimburse the Local Authority appropriately. Unfortunately, additional orthoptists are not, as yet, forthcoming for local service.

To remedy this, the Education Committee propose to grant orthoptic bursaries on lines similar to that granted for Speech Therapy two or three years ago.

Although the Health Visitor/School Nurse shortage has not eased, the Committee appointed a full-time School Medical Officer, the first such appointment since 1950, thus easing the medical staffing problem. This appointment will aid the ascertainment, etc., of educationally subnormal children.

During the year, the Minister made new Regulations, "The School Health Service and Handicapped Pupils Regulations, 1953," which replace the Regulations of 1945, and which took effect from August, 1953.

Any alterations which affect the local Service are reported under the appropriate Section of the Report.

May I once again thank all members of the staff, professional and lay alike for their loyal and conscientious work, and extend my gratitude to the members of the Education Committee for their courteous help during the year?

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

V. T. THIERENS,

*Principal School Medical Officer*

## School Clinics.

---

NAME	PURPOSE	WHERE HELD	TIMES
Inspection Clinic	Special Examination of Cases Referred by Teachers, School Attendance Officers and School Nurses.	Victoria Street	Wednesdays, 2 p.m.; Saturdays, 9-30 a.m.
Ophthalmic Clinic	Prescription of Spectacles	„	Mondays, 2-15 p.m. Thursday, 2-15 p.m. Fridays, 2-15 p.m.
Dental Clinic	Dental Treatment	„	Every week-day by appointment.
Minor Ailments Clinic	Treatment of Minor Diseases of Skin, etc.	„	Every week-day at 8-45 a.m.
Cleansing Station	Treatment of Scabies and Cleansing of Verminous Cases	Blakey Moor	By appointment
Physiotherapy	Treatment of Postural Defects Artificial Light Treatment	Victoria Street	Every week-day (by appointment)
Diphtheria Im- munisation Clinic	Prevention of Diphtheria	„	Mondays, 3-45 p.m.
Consultant Aural Clinic	Treatment of Deafness, etc.	„	As required.
Orthoptic Clinic	Correction of Strabismus	„	By appointment.
Heart, Rheuma- tism and An- aemia Clinic	Diagnosis and supervision of Cases suffering from Rheuma- tism and Heart defects, and investigation of Anaemia	„	By appointment.

## COST OF SCHOOL HEALTH SERVICE

for the year 1952-53.

I am indebted to the Borough Treasurer, Mr. L. Wolstenholme, for the following particulars :—

## EXPENDITURE.

	£	s.	d.	£	s.	d.
Salaries .....	111	58	7 2			
Fees .....	17	50	10 0			
Travelling Expenses .....	75	15	5			
Printing, Stationery, etc. ....	214	1	0			
Drugs, Medical Requisites and Apparatus .....	1216	2	4			
Rents.....	12	0	0			
National Insurances—Employers' Contributions ...	216	4	7			
Fuel, Light and Cleaning .....	169	17	11			
Upkeep of Buildings .....	1540	2	11			
Malt and Oil, Tonics, etc. ....	56	9	3			
Spectacles .....	91	14	9			
Miscellaneous .....	0	6	10			
				16501	12	2

## INCOME.

Recovered from—

Blackburn Executive Council, N.H.S. ....	689	7	6			
Health Committee—Dental Sessions .....	87	2	0			
Lancashire County Council—Orthoptic Clinic.....	368	15	6			
Miscellaneous .....	1	4	0			
				1146	9	0

EXPENDITURE LESS INCOME OTHER THAN GRANT .....£15,355 3 2

The rateable value of the Borough on 31st March, 1953, was £761,865.

The cost of medical inspection and treatment of school children during the year ended 31st March, 1953, was £15,355 compared with £15,216 in the previous year.

The Government Grant was 60% of expenditure less income, leaving the nett cost of £6,142 to be borne by the rates.

The cost of the School Health Service in 1952-53 per child on the school rolls was £1 2s. 2d. gross and 8s. 2d. nett and the cost expressed as a penny rate was 4.97d. gross and 1.99d. nett.

## SCHOOL POPULATION

There are 41 Primary, 14 Secondary and one Nursery Schools maintained by the Education Committee in addition to three Direct Grant or Independent Schools in the town. There are also two Special Schools.

Particulars of children on the rolls at maintained schools are as follows :—

	No. on Rolls
Nursery Schools.....	40
Primary Schools.....	10643
Secondary Schools .....	4798
Special Schools.....	195
	<hr/>
Total .....	15676
	<hr/>

## Section 1.

**MEDICAL INSPECTION.**

The School Health Service and Handicapped Pupils Regulations 1953 introduced certain changes in the requirements regarding medical and dental inspections. These changes are summarised below.

**Medical Inspection.**

## 1945 REGULATIONS.

Three medical examinations at specified periods of a child's school career.

## 1953 REGULATIONS.

Three medical examinations during school life at the Authority's discretion with the option to arrange additional inspections.

**Dental Inspection.**

## 1945 REGULATIONS.

- (a) as soon after admission to school as possible.
- (b) on such other occasions as the Minister may from time to time direct.

## 1953 REGULATIONS.

- (a) as soon as possible after admission.
- (b) on such later occasions as may be practicable and necessary.

The Minister states that the wording of the Regulation on Dental Inspection has been purposely left somewhat indefinite owing to the difficulty in recruiting sufficient school dentists. The Minister wishes to emphasise however, that in her view, the objective should be to inspect the teeth of every pupil at least once a year—preferably more frequently—and to offer prompt treatment to such children as are found to need it.

**NUMBER OF ROUTINE INSPECTIONS, 1946 to 1953***Table 1*

Code Group	1953	1952	1951	1950	1949	1948	1947	1946
Entrants .....	1986	1848	1077	1748	1652	1458	1727	1599
Intermediates	1169	1132	1177	1246	1250	1097	1023	1065
Leavers.....	994	1033	995	1019	841	399	702	507
Total...	4149	4013	3249	4013	3743	2954	3452	3171



## ATTENDANCES OF PARENTS AT ROUTINE MEDICAL INSPECTIONS

Table 2

	No. Ex'd.	Parents Present	Percent Parents Attend- ances.	Boys	Girls
Entrants .....	1986	1752	88.2%	1021	965
Intermediates .....	1169	213	18.2%	583	586
Leavers .....	994	1	0.1%	469	525
Total .....	4149	1966	47.3%	2073	2076

Table 3

## UNCLEANLINESS

Groups	Condition of head					Condition of Body				1952 %age clean	
	Clean	Dirty	Nits	Pedi- culi	%age clean	Clean	Dirty	Flea- bitten	%age clean	Head	Body
Entrants :—											
Boys .....	1020	—	1	—	99.9	1019	—	2	99.8	98.6	100
Girls .....	965	—	—	—	100	963	—	2	99.8	98.7	100
Intermediates :—											
Boys .....	580	—	3	—	99.5	580	2	1	99.5	97.8	99.0
Girls .....	553	—	33	—	94.3	585	—	1	99.9	90.5	100
Leavers :—											
Boys .....	469	—	—	—	100	469	—	—	100	100	100
Girls .....	496	—	29	—	94.4	525	—	—	100	96.6	100
Totals :—											
Boys .....	2069	—	4	—	99.8	2068	2	3	99.8	98.7	99.7
Girls .....	2014	—	62	—	97.0	2073	—	3	99.9	95.8	100
Combined Total .....	4083	—	66	—	98.4	4141	2	6	99.8	97.3	99.9

Table 4

	Percentage of Clean Heads		Percentage of Clean Bodies	
	Boys	Girls	Boys	Girls
1942 .....	99.0	81.7	99.5	98.9
1943 .....	99.6	84.5	99.8	99.0
1944 .....	99.2	83.1	99.6	99.2
1945 .....	99.2	86.1	99.1	99.4
1946 .....	98.5	86.3	98.0	99.3
1947 .....	97.8	85.8	98.9	99.2
1948 .....	98.2	85.8	99.7	99.6
1949 .....	98.7	92.4	99.9	99.9
1950 .....	98.8	93.7	99.7	99.8
1951 .....	99.6	96.2	99.7	99.8
1952 .....	98.7	95.8	99.7	100.0
1953 .....	99.8	97.0	99.8	99.9

Table 5

## NUTRITION

	Good				Fair				Poor				Total	
	A				B				C					
	B		G		B		G		B		G		B	G
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	No.
Entrants ...	1021	100	965	100	-	-	-	-	-	-	-	-	1021	965
Intermediates	568	97.4	573	97.7	15	2.6	13	2.3	-	-	-	-	583	586
Leavers .....	469	100	518	98.7	-	-	7	1.3	-	-	-	-	469	525
Total ...	2058	99.3	2056	99.0	15	0.7	20	1.0	-	-	-	-	2073	2076

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

CONDITION	ENTRANTS				INTERMEDIATES				LEAVERS				ALL GROUPS			
	M		F		M		F		M		F		M		F	
	Defects		Defects		Defects		Defects		Defects		Defects		Defects		Defects	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Nothing .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Footgear .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General Condition .....	—	—	—	—	15	2.55	13	2.01	—	—	7	1.33	15	0.72	20	0.96
NEATLINESS :																
Head : Dirty .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Nits .....	1	0.09	—	—	3	0.51	33	5.61	—	—	29	5.5	4	0.19	62	2.99
Pediculi .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Body : Dirty .....	—	—	—	—	2	0.34	—	—	—	—	—	—	2	0.09	—	—
Flea-Bitten .....	2	0.19	2	0.20	1	0.17	1	0.17	—	—	—	—	3	0.14	3	0.14
Ringworm .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scabies .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Impetigo .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Skin .....	8	0.78	5	0.52	1	0.17	—	—	—	—	—	—	9	0.43	5	0.24
NOSE AND THROAT :																
Enlarged Tonsils.....	83	8.09	75	7.72	5	0.85	11	1.87	1	0.21	4	0.76	89	4.33	90	4.34
Adenoids .....	1	0.09	—	—	2	0.34	—	—	—	—	—	—	3	0.14	—	—
Enlarged T. and A. ....	12	1.09	8	0.83	—	—	—	—	—	—	—	—	12	0.57	8	3.9
Other .....	8	0.78	6	0.62	4	0.68	2	0.34	—	—	—	—	12	0.57	8	3.9
En.Glands(non T.B.) ..	9	0.88	2	0.20	2	0.34	2	0.34	—	—	1	0.19	11	0.52	5	0.24
EYE DISEASE :																
Squint .....	33	3.19	23	2.31	2	0.34	2	0.34	1	0.21	2	0.38	36	1.69	27	1.3
Blepharitis .....	2	0.19	2	0.20	—	—	—	—	—	—	—	—	2	0.09	2	0.09
Conjunctivitis .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Corneal Opacities ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Ext. Eyes ...	2	0.19	4	0.41	—	—	—	—	—	—	—	—	2	0.09	4	0.19
Defective Vision ...	1	0.09	2	0.20	64	10.98	89	15.2	102	21.4	70	13.3	167	8.04	161	7.74
EAR AND HEARING :																
Otitis Media .....	2	0.19	2	0.20	9	1.54	2	0.34	—	—	1	0.19	11	0.52	5	0.24
Hearing .....	9	0.78	9	0.93	5	0.85	5	0.85	—	—	2	0.38	14	0.67	16	0.77
Other .....	3	0.29	2	0.20	1	0.17	—	—	—	—	—	—	4	0.19	2	0.09
SPEECH :																
Stammer .....	7	0.68	2	0.20	—	—	—	—	—	—	—	—	7	0.34	2	0.09
Lisp .....	1	0.09	1	0.10	—	—	3	0.51	—	—	—	—	1	0.04	4	0.19
Other .....	11	0.99	6	0.62	2	0.34	1	0.17	2	0.42	—	—	15	0.72	7	0.34
PSYCHOLOGICAL :																
Development .....	1	0.09	1	0.10	—	—	1	0.17	—	—	—	—	1	0.04	2	0.09
Stability .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TUBERCULOSIS :																
Pulmonary .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Pulmonary .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Table 6 Cont.—Summary of Defects found at Routine Medical Inspection.

CONDITION	ENTRANTS				INTERMEDIATES				LEAVERS				ALL GROUP			
	M		F		M		F		M		F		M			
	Defects		Defects		Defects		Defects		Defects		Defects		Defects		D	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
RICKETS :																
Slight .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Marked .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ORTHOPAEDICS :																
Spinal Curvature ...	—	—	—	—	—	—	—	—	—	—	1	0.19	—	—	—	1
Posture.....	12	1.09	9	0.93	8	1.37	8	1.37	—	—	5	0.95	20	0.96	22	2.2
Flat Foot .....	12	1.09	10	1.0	6	1.03	8	1.37	1	0.21	1	0.19	19	0.91	19	1.9
Other .....	26	2.48	36	3.72	5	0.85	12	2.04	—	—	—	—	31	1.44	48	4.8
DEVELOPMENTAL :																
Hernia .....	—	—	3	0.31	—	—	—	—	—	—	—	—	—	—	—	3
Undesc. Test. ....	5	0.49	—	—	3	0.51	—	—	—	—	—	—	8	0.39	—	—
Other .....	—	—	—	—	4	0.68	—	—	—	—	—	—	4	0.19	—	—
HEART :																
Organic .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Functional .....	22	2.09	13	1.31	4	0.68	8	1.37	—	—	3	0.57	26	1.25	24	2.4
Anaemia .....	1	0.09	1	0.10	—	—	3	0.51	—	—	—	—	1	0.04	4	0.4
LUNGS :																
Bronchitis .....	57	5.58	54	5.61	7	1.2	1	0.17	—	—	—	—	64	3.09	55	5.5
Other .....	2	0.19	1	0.10	1	0.17	1	0.17	—	—	—	—	3	0.14	2	0.2
NERVOUS :																
Epilepsy .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Chorea .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other .....	—	—	—	—	1	0.17	1	0.17	—	—	—	—	1	0.04	1	0.1
OTHER DEFECTS .....	5	0.49	2	0.20	—	—	1	0.17	—	—	—	—	5	0.24	3	0.3
Total children examined	1021		965		583		586		469		525		2073		2	
	1986				1169				994				4149			

## Section 2.

## TREATMENT.

**Clinics.** All the School Clinics are housed in the Health Department Victoria Street.

**Inspection Clinics.** The Inspection Clinie at which the School Medical Officers examine children referred for special examination by parents, teachers, school nurses, school welfare officers, or from school medical inspection, is held on Wednesday afternoons and Saturday mornings.

During the year 903 children paid 1,326 visits to the 97 Inspection Clinics which were held.

**Minor Ailments** are treated every morning at the School Clinic by a School Medical Officer assisted by two school nurses.

The appended table gives a classification of defects treated during the year, together with comparison with 1952.

Table 7.—MINOR AILMENTS

1953.

1952.

Comparison  
with 1952.

Complaint	Cases	Attendances	Average number of attendances per case	Cases	Attendances	Average number of attendances per case	Attendance inc. or dec.	Cases inc. or dec.
Ringworm—Scalp .....	1	20	20.0	24	141	5.9	— 121	— 23
Body .....	2	21	10.5	15	131	8.7	— 110	— 13
Scabies .....	3	9	3	—	—	—	+ 9	+ 3
Impetigo .....	25	236	9.4	21	165	7.8	+ 71	+ 4
Other Skin Diseases .....	192	719	3.7	39	181	4.6	+ 538	+ 153
Minor Injuries .....	255	936	3.6	299	1435	4.8	— 499	— 44
Verminous Head .....	84	353	4.2	83	350	4.2	+ 3	+ 1
Otorrhoea .....	3	50	16.6	2	41	20.5	+ 9	+ 1
Other ear defect or disease	27	293	10.8	34	297	8.7	— 4	— 7
Blepharitis .....	7	82	11.7	43	207	4.8	— 125	— 36
Conjunctivitis .....	3	18	6.0	2	6	3.0	+ 12	+ 1
Other Ext'l Eye disease...	25	171	6.8	7	33	4.7	+ 138	+ 18
Miscellaneous .....	267	1008	3.7	370	1816	4.9	— 808	— 103
TOTALS .....	894	3916	4.3	939	4803	5.1	— 887	— 45



**Tonsils and Adenoids.** Three hundred and fifty-four children were operated upon during the year. Of these one hundred and eighty three were at Queen's Park Hospital, and one hundred and seventy-one at the Royal Infirmary.

At the end of the year, there were one hundred and eleven children on the waiting list compiled by the School Health Service for operation.

The department is notified of all children operated upon in order that they may be followed up on discharge.

**Visual Defects.** The Authority has continued to use the Supplementary Ophthalmic Services of the National Health Service Act for the supply of spectacles to school children.

During 1953, one thousand four hundred and five attendances were made at one hundred and nine Ophthalmic Clinics sessions. Of these attenders two hundred and ninety-three were new cases ; spectacles were prescribed for five hundred children.

**Orthoptic Clinic.** The Orthoptic Clinic, closed in August 1952, re-opened in January, and during the course of the year seven hundred and eighty-six children attended for treatment. Of these, four hundred and ninety were Borough cases, whilst the remainder were cases referred by the Lancashire County Council.

Although the approved establishment was increased to three Orthoptists during the year (*vide* introduction to this Report) one only was employed at the 31st December.

During the year, sixty-eight children were operated upon, whilst ninety four were placed on the waiting list for operation.

The appended table shows details of cases discharged during the year :-

								<i>Borough</i>	<i>County</i>
Cured	...	...	...	...	...	...	...	11	2
Cosmetically good	...	...	...	...	...	...	...	41	27
Left School or District				...	...	...		<u>15</u>	

**Child Guidance.** Twenty-one Blackburn school children were treated at the Lancashire County Council Child Guidance Clinic.

**Heart, Rheumatism and Anaemia Clinic.** The Consultant Cardiologist attends once per month to examine children referred by the School Medical Inspectors. One hundred and forty attendances were made at the Clinic during the year.

As described in previous reports the services of the X-ray Department at the Blackburn Royal Infirmary are available for X-ray and Electrocardiographic examinations.

The subjoined table sets out particulars of cases seen during the year.

*Table 8.* ATTENDANCES AT CARDIOLOGICAL CLINIC.

Diagnosis	1st Exam	Re-Exam	Exercises		Disch'g'd or left School	Still on Register	Referred for			
			Fit	Unfit			Hb	ECG	X-Ray	BSR
umatism .....	1	—	1	—	1	—	—	—	—	—
eumatism .....	1	—	1	—	1	—	—	—	—	—
emia .....	2	—	2	—	2	—	—	—	—	—
aemia .....	1	—	1	—	1	—	—	—	—	—
tional Murmur	46	8	46	—	42	4	—	—	—	—
D. ....	8	—	8	—	8	—	—	—	—	—
Total.....	59	8	59	—	55	4	—	—	—	—

Hb : Haemoglobin Estimation. E.C.G. : Electrocardiograph.

B.S.R. : Blood Sedimentation Rate.

I am indebted to Dr. A. L. McAdam for the following analysis of cases seen by him at the Consultant Cardiological Clinic :

Exocardiac bruit .....	2	Pulmonary Stenosis and Patent	
Patent atrial septum .....	3	Ventricular Septum.....	1
Mitral stenosis .....	3	Dyspnoea and Cyanosis .....	1
Patent ductus arteriosus.....	2	Pulmonary stenosis .....	5
Subaortic stenosis.....	3	Functional systolic murmur .....	21
Patent inter-ventricular septum ...	7	Physiological 3rd sound .....	9
Dextrocardia .....	1	Apical systolic bruit.....	2
Functional Systolic Bruit .....	4	Apical systolic murmur .....	2
Mitral Systolic .....	3	N.A.D. ....	17

A. L. McADAM.

### Orthopaedic Treatment and Physiotherapy.

Table 9 sets out details of attendances at the Orthopaedic Clinic during the year:

Table 9.

#### ATTENDANCES AT ORTHOPAEDIC CLINIC.

	REMEDIAL EXERCISES				ELECTRICAL TREATMENT			
	School		Pre-School		School		Pre-School	
	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances
Breathing Exercises ... ..	30	313	—	—	1	24	—	—
Postural Defects ... ..	37	362	—	—	—	—	—	—
Spinal Curvature ... ..	9	85	2	32	—	—	1	6
Infantile Paralysis ... ..	5	80	2	60	5	80	2	60
Birth Injuries ... ..	—	—	1	14	1	4	—	—
Congenital Defects ... ..	9	77	7	99	2	47	1	28
Defects of the Feet... ..	98	1092	18	240	7	128	—	—
Genu Valgum ... ..	31	253	17	193	—	—	—	—
T.B. Joints ... ..	—	—	—	—	—	—	—	—
Talipes ... ..	7	56	3	98	—	—	1	46
Result of Accident ... ..	5	74	—	—	5	73	—	—
Otorrhoea ... ..	—	—	—	—	4	41	—	—
Other ... ..	8	97	1	9	4	67	—	—
TOTALS ... ..	239	2489	51	745	29	464	5	140

In addition, a physiotherapist from the Health Department attended the Open Air School and gave exercises to 43 children, who made 943 attendances during the year.

**Ultra Violet Light Treatment.** Eighty-four school children underwent ultra violet light treatment and received a total of eight hundred and nine exposures.

**Cleansing Centre.** Sixty-seven children were referred to the Cleansing Centre for treatment of “ nit ” and “ pediculi ” infestation, whilst one thousand eight hundred and seventy treatments were given in school making a total of one thousand, nine hundred and thirty-seven children treated during the year.

### Section 3

## DENTAL INSPECTION AND TREATMENT.

I am indebted to Mr. H. Yates, the Principal Dental Officer, for the following report on the work of the School Dental Service during 1953 :—

“ During the year, 59 Primary and 18 Secondary departments of the schools were visited for routine dental inspection.

The dental condition of school entrants shows no improvement, many having extensive caries. Many parents fail to appreciate the importance of the advantages and necessity of conservative treatment and the use of the tooth-brush.

The causes of dental decay are various, complex and involved with several social habits. All dental services seem to be treating symptoms and not the causes.

Education and propaganda, two methods of dealing with the problem, are essential if success is to be obtained in our endeavours to reduce the incidence of caries. With our present staff it is impossible to carry out this important side of the work unless we neglect the more urgent work at present needed.

The most pressing need is for an increase of staff to reduce the period of time of routine inspections and treatments. This would greatly help in the conservation of more teeth and reduce the necessity of many extractions.

During the year many of the simpler Orthodontia cases were dealt with by appliances, and overcrowded mouths by judicious extraction. There are still many cases who are in need of treatment and supervision by a specialist.

Might I again thank the teaching staff for their help and co-operation which has materially aided the dental staff in their work ? ”

H. YATES, L.D.S., *Principal Dental Officer.*

The appended table sets out the work done in the department during the years 1952 and 1953.

						1952	1953
Permanent Teeth Filled	...	..	...	...	...	3016	2687
Temporary Teeth Filled	...	...	...	...	...	248	253
Root Treatments	...	...	...	...	...	143	64
Extractions	...	...	...	...	...	8404	7573
Other Operations	...	...	...	...	...	1177	1116
						12988	11693

General Anaesthetics	...	...	...	...	827	771
Percentage who refused treatment	...	...	...	...	9.9%	10.8%
Percentage with Dental Caries	...	...	...	...	48.0%	50.1%
Percentage of Appointments kept	...	...	...	...	92.1%	90.6%

			Primary Schools	Secondary Schools	Total
Number of School departments visited	...	...	59	18	77
" " Children inspected—Routine	...	...	9389	4165	13554
" " " Specials	...	...	1524	252	1776
" " " Referred for Treatment—Routine			4548	2250	6798
" " " Specials			1524	252	1776
" " " Treated—Routine	...	...	2994	1051	4045
" " " Specials	...	...	1524	252	1776



## DENTAL TREATMENT

	Number of Half-days Devoted to Inspection	Number of Half-days Devoted to Treatment.	Total Number of Attendances made by Children at the Clinic	No. of Perma't Teeth		No. of Temp'ary Teeth		Total No. of Teeth		No. of Administrations of General Anaesthetics	No. of Administrations of Local Anaesthetics	No. of other Operations				Root Treatments	X-Ray
				Extracted	Filled	Extracted	Filled	Extractions	Fillings			Perm. Dress	Perm. Scale	Temp. Dress	Temp. Scale		
Routine .....	140	1192	6959	788	2886	4860	236	5048	3122	1931	771	568	262	17	—	64	34
Specials .....	—	—	1776	221	59	1704	24	1925	83	1416	—	237	9	22	1	—	—
Total .....	140	1192	8735	1009	2945	6564	260	7573	3205	3347	771	805	271	39	1	64	34

Appointments to attend the Clinic were made to the number of	1952		1953	
	...	8374	7	73
	...	7720(92.1%)	6959(90.6%)	
The number of appointments kept was	...	...	...	...
	...	...	...	...
The number of mouths made healthy was:	...	...	...	...
	...	...	...	...
			Total	Total
			1173 Specials	4045 Routines
			6229	1776 Specials
				5821

Orthodontia Cases: 137 cases—49PX, 126TX and 24 appliances; 17 new dentures were supplied and 7 dentures repaired.  
 \* Including 24 half-days with the Mobile Dental Clinic.

## Section 4. — FOLLOWING UP.

The parents of children found to be suffering from a physical defect are so notified either verbally or by circular-letter and are advised to secure treatment without delay. A record is kept of all such children, who are then followed up by the School Nurses to ensure that the appropriate treatment is obtained.

The following table sets out details of the work carried out by the School Nurses.

Table 11. WORK OF THE SCHOOL NURSES.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Totals
<b>VISITS TO SCHOOLS :</b>																	
(a) No. of Visits re Cleanliness ...	21	23	33	36	16	21	9	20	12	2	31	13	12	18	4	7	278
(b) No. of Visits re Infectious Disease ...	—	—	6	1	2	2	2	—	1	—	1	—	—	—	—	—	15
(c) No. of Visits for Other Reasons ...	11	4	8	8	3	6	3	3	2	2	3	4	1	2	—	—	60
Totals ...	32	27	47	45	21	29	14	23	15	4	35	17	13	20	4	7	353
<b>No. of Children Inspected :</b>																	
(a) Re Cleanliness ...	2052	2359	3517	3350	3007	2353	1119	3203	1253	670	3355	1815	1261	1446	641	1498	32899
(b) Re Scarlet Fever ...	—	—	49	—	—	—	—	—	78	—	—	—	—	—	—	—	127
(c) Re Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Re Other Infectious Diseases ...	—	—	89	8	36	48	15	—	—	—	35	—	—	—	—	—	231
(e) Re Other Reasons ...	70	69	153	70	119	158	134	128	74	17	128	251	44	111	—	—	1526
Totals ...	2122	2428	3808	3428	3162	2559	1268	3331	1405	687	3518	2066	1305	1557	641	1498	34783
<b>Cleanliness Inspections :</b>																	
(a) No. of Children Clean ...	2006	2203	3116	3248	2980	2268	1041	2981	1166	635	2999	1568	1151	1421	560	1463	30806
(b) No. of Children with Nits or Pediculi ...	46	156	401	102	27	85	78	222	87	35	356	247	110	25	81	35	2093
Totals ...	2052	2359	3517	3350	3007	2353	1119	3203	1253	670	3355	1815	1261	1446	641	1498	32899
<b>HOME VISITING BY SCHOOL NURSES :</b>																	
Concerning :																	
(a) Uncleanliness ...	3	6	67	6	—	—	—	2	—	—	24	6	2	1	—	14	131
(b) Defects found at Routine Inspections ...	43	30	114	9	24	11	1	21	2	—	87	41	2	70	—	28	483
Totals ...	46	36	181	15	24	11	1	23	2	—	111	47	4	71	—	42	614
<b>NO. OF CLINIC SESSIONS ATTENDED :</b>																	
	15	6	23	9	15	10	5	25	17	10	17	11	16	362	124	64	729

## Section 5

## INFECTIOUS DISEASES.

Information as to the incidence of non-notifiable infectious disease is obtained from teachers, welfare officers, sanitary inspectors, health visitors and parents.

The following table gives particulars of cases occurring in school children during 1953.

Table 12.

## NOTIFIABLE DISEASES OCCURRING IN THE SCHOOLS OF THE BOROUGH

	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Chicken Pox	Mumps	Dysentery	Primary Pneumonia	Cerebro- Spinal Fever	Acute Polio- Myelitis
January ... ..	43	—	50	38	5	16	—	1	—	—
February ... ..	39	—	51	27	1	4	—	—	—	—
March ... ..	24	—	54	13	3	1	—	—	—	—
April ... ..	20	—	34	12	4	1	—	2	—	—
May ... ..	26	—	100	13	4	6	—	—	—	—
June ... ..	12	—	97	11	—	24	—	—	—	—
July ... ..	6	—	41	6	—	—	—	1	—	—
August ... ..	10	—	21	5	—	—	—	1	—	—
September ... ..	7	—	8	2	4	2	1	—	—	—
October ... ..	4	—	6	2	98	14	—	2	—	—
November ... ..	8	—	2	8	65	15	—	1	—	—
December ... ..	8	—	6	3	32	1	—	—	—	—
Totals ...	207	—	470	140	216	84	1	8	—	—

## Section 6

### HANDICAPPED PUPILS.

**Ascertainment.** The arrangements for the ascertainment of pupils requiring special educational treatment are carried out according to Regulations, made under the Education Act, 1944, which came into operation in August 1953. These have affected the previous procedure covering Handicapped Pupils as set out below.

#### Medical and Dental Inspection.

Under the 1945 Regulations the Minister issued a direction requiring Authorities to provide for the annual medical and dental inspection of all pupils at maintained special schools. Under the new Regulations the requirements for dental inspection of special school pupils are now the same as for pupils in ordinary schools. Medical inspection of special school pupils is dealt with by requirements that, in addition to the three inspections prescribed for all children, an Authority shall arrange for other inspections of any pupils on such occasions as may be necessary or desirable and that the attention paid to the general health and welfare of any pupil who is suffering from a disability of mind or body shall include particular attention to this disability.

The Minister suggests that, in practice, Authorities will find it necessary to examine many handicapped children more often than once a year, particularly those whose disability is subject to change either for the better or for the worse, or about the correctness of whose placement in their present school there is some doubt.

This has always been your practice at the Open Air School and Class for Partially Sighted Pupils, at the former school by a School Medical Officer every three months, whilst children attending the latter class are examined twice a year, once medically by a School Medical Officer and once by the Consultant Ophthalmologist.

#### Approval of Medical Officers.

Regulation 11 continues the 1945 Regulations requirement that Medical Officers shall be approved by the Minister if they are being employed for the ascertainment of pupils needing education in a special school as educationally sub-normal. The requirement has been slightly modified so as to make it unnecessary for an Authority to seek the Minister's approval in the case of a Medical Officer who has already been approved for similar employment by another Authority.

In order to be approved a Medical Officer must :—

- (i) have been selected by the Authority on the advice of their Principal School Medical Officer as a suitable person ;
- (ii) have been given an opportunity for a period of observing examinations by an approved Medical Officer ;
- (iii) have attended after such period of observation an approved course of theoretical and practical instruction ; and
- (iv) after a further period of observation, have been recommended to the Minister by the Authority on the advice of their Principal School Medical Officer for approval.

In certain exceptional cases the Minister will be prepared to consider modifying these conditions (*e.g.* in the case of a psychiatrist with special experience in child psychiatry).

### Categories of Handicapped Pupils.

The several categories of pupils requiring special educational treatment are defined as follows :—

- (a) Blind Pupils, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.
- (b) Partially Sighted Pupils, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.
- (c) Deaf Pupils, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.
- (d) Partially Deaf Pupils, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.
- (e) Educationally Sub-Normal Pupils, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.



- (f) Epileptic Pupils, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.
- (g) Maladjusted Pupils, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.
- (h) Physically Handicapped Pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.
- (i) Pupils suffering from Speech Defect, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.
- (j) Delicate Pupils, that is to say, pupils not falling under any other category in this Regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

### Other Amending Regulations.

#### 11 (a) Regulation 15 :

“ A handicapped pupil for whose education at school arrangements are made by the Authority shall be educated :—

- (a) if he is blind or deaf, whether or not he also falls within some other category of handicapped pupils, in a special school unless the Minister otherwise approves ;
- (b) if he is not blind or deaf, in a special school or an ordinary school as may be appropriate in his case.”

This Regulation unlike the Regulation which it supersedes, applies only to arrangements made by a Local Education Authority. It is a much simplified version of the previous Regulation and it is now no longer necessary to get a determination from the Minister before a physically handicapped, epileptic or aphasic pupil can be educated otherwise than in a special school, or before a blind or epileptic pupil can be educated otherwise than in a boarding school.

(b) Regulation 16 :

“ The special educational treatment to be provided for every handicapped pupil attending an ordinary school under arrangements made by the Authority shall be appropriate to his disability.”

This Regulation supersedes one which specified the special arrangements for the various categories of handicapped pupil when attending ordinary schools. It has seemed better to leave this matter to be discussed in each case by the headmaster or headmistress with the appropriate School Medical Officer and other advisers. The Minister will issue general guidance in respect of particular handicaps if and when this seems to her to be appropriate.

**Special School Provision.** There has been no change during the year in respect of local Special School provision.

The only Special Schools provided by the Authority are in respect of Delicate and Partially Sighted Pupils ; reports on the year's working at these schools follow.

**Partially Blind Pupils** are admitted to the school for Partially Sighted Pupils in the Corporation Park. The children are selected for admission by the consultant Oculist who re-examines them twice yearly during their attendance.

At this school all close work is reduced to a minimum and the reading of ordinary school books is prohibited ; the only reading allowed is from letter press, often prepared by the children themselves, each letter being not less than 1-in. in height. Oral work occupies a large proportion of the curriculum and comprises nature study, history and geography, object lessons, description by the teacher of important current events, followed by a discussion in which the children take part.

Handicraft work is encouraged, the work being such as will develop manual dexterity without demanding close ocular attention.

Physical exercises are modelled on the Ministry's Curriculum with the proviso that exercises demanding strain and violent movement are avoided. At the end of the year, four boys and six girls were in attendance at the School.

**Delicate Pupils** are dealt with at the Black-a-Moor Open-Air School. A School Nurse is in attendance at the school and the School Medical Officer visits once each week.

Forty-four children were admitted, and forty discharged during the year, one hundred and seventy-nine being in attendance at the end of 1953. The average duration of attendance of those discharged was two years five months, and the average increase in weight was  $13\frac{1}{3}$ -lbs.

The reasons for the admission of the forty-four new cases during the year were as follows :

Subnormal Nutrition or Debility	...	...	8
Heart condition	...	...	1
Anaemia	...	...	1
Bronchitis	...	...	12
Asthma	...	...	4
Tubercular Conditions	...	...	1
Orthopaedic	...	...	2
Other conditions	...	...	15

Pupils are selected for admission by the School Medical Officer, who re-examines them on admission to the school and at three-monthly intervals thereafter. During the year, four hundred and twenty-five such inspections were made.

Each child is supplied with milk twice a day, is provided with a hot mid-day meal and there is a daily rest period of one hour. All the children receive emulsion or extract of malt every day, whilst nine children have been treated with fersolate tablets twice a day. Forty-seven children have undergone courses of adexolin, and thirty-eight iron tonic.

Children suffering from Asthma and certain cases suffering from Bronchitis received breathing exercises twice a week from one of the Health Department Physiotherapists. Nineteen children were also given postural exercises by the Physical Training Organiser employed by the Education Committee.

Minor ailments are treated by the School Nurse who also superintends the weekly shower bath of each child. Every child is weighed at least once a month. During the year, the School Medical Officer also attended eighty-four minor ailments, whilst the Principal School Dental Officer made two tours with the Mobile Unit for the purpose of inspection and treatment.

The School Nurse also carries out regular cleanliness inspections. During the year, forty children with nits and five with vermin, were treated with D.D.T. hair emulsion.

Attendances during 1953 were satisfactory. The average attendance was 151.3, the highest weekly percentage of average attendance being 91.8 per cent.

**Educationally Subnormal Pupils.** At present no provision is made by the Authority for the Special Educational Treatment of Educationally Sub-normal pupils, other than in Residential Schools, but during the year the Committee found an opportunity of at last making Day School provision for these children when Four Lanes End Primary School became redundant on the opening of the new school at Lammack.

Ministry permission has been obtained and it is hoped to start admissions during 1954.

At the end of the year, there were five Educationally Subnormal Pupils in Boarding Schools, whilst 71 children were awaiting places in either Day or Residential Schools.

During the year, 12 cases were reported to the Local Authority for the purposes of the Mental Deficiency Acts, under Section 57 of the Education Act, 1944.

**Handicapped Pupils requiring Education in Special Schools  
at the end of the year.**

	Newly placed in Special Schools	Newly ascertained	Attending Special Schools		Being educated under Section 56	Requiring places in Special Schools
			Day	Boarding		
Blind .....	1	—	—	5	—	—
Partially Sighted .....	—	—	10	—	—	—
Deaf .....	—	1	—	8	—	—
Partially Deaf .....	—	—	—	1	—	—
Delicate.....	44	31	179	—	1	—
Physically Handicapped ...	2	—	—	2	4	—
Educationally Subnormal ...	—	22	—	5	—	71
Maladjusted .....	4	1	—	14	—	—
Epileptic .....	—	1	—	—	—	—
<b>TOTAL .....</b>	<b>51</b>	<b>56</b>	<b>189</b>	<b>35</b>	<b>5</b>	<b>71</b>



## Analysis of Special Schools to which Blackburn Children have been admitted :

At the end of the year, 224 children (106 boys and 118 girls) were in special schools as follows :

<b>Blind Pupils</b>				Boys		Girls	
Henshaw's, Old Trafford, Manchester	...	...	...	1	...	1	...
School for the Blind, Fulwood, Preston	...	...	...	1	...	—	...
School for the Blind, Liverpool	...	...	...	—	...	1	...
Kingswinford, Staffs.	...	...	...	—	...	1	...
<b>Partially Sighted Pupils</b>							
Class for Partially-Sighted, Corporation Park, Blackburn	...	...	...	4	...	6	...
<b>Deaf Pupils</b>							
Royal Cross School for the Deaf, Preston	...	...	...	4	...	2	...
St. John's, Boston Spa	...	...	...	2	...	—	...
<b>Partially Deaf Pupils</b>							
School for the Partially Deaf, Liverpool	...	...	...	—	...	1	...
<b>Delicate Pupils</b>							
Black-a-Moor Open Air School	...	...	...	81	...	98	...
<b>Educationally Subnormal Pupils</b>							
Pontville Special School, Ormskirk	...	...	...	2	...	—	...
All Souls, Hillingden	...	...	...	—	...	1	...
Beacon School, Lichfield...	...	...	...	1	...	—	...
Allerton Priory, Liverpool	...	...	...	—	...	1	...
Widdicombe House, Stokenham, S. Devon	...	...	...	1	...	—	...
St. Francis, Monyhull, Birmingham	...	...	...	1	...	—	...
<b>Maladjusted Pupils</b>							
Red Hill, East Sutton	...	...	...	1	...	—	...
St. Thomas More's, East Allington	...	...	...	1	...	—	...
St. Catherine's, Almondsbury, nr. Bristol	...	...	...	—	...	1	...
St. Margaret's, East Grinstead	...	...	...	—	...	1	...
St. Michael's Home, Bussage, Gloucester	...	...	...	1	...	—	...
St. Nicholas Homes, St. Leonards-on-Sea	...	...	...	2	...	—	...
St. Luke's, Balham, London	...	...	...	—	...	1	...
Ledston Hall, Allerton Bywater, Leeds	...	...	...	1	...	—	...
St. Peter's, Horbury, Yorks.	...	...	...	—	...	2	...
<b>Physically Handicapped</b>							
Bethesda Home, Manchester	...	...	...	—	...	1	...
Bradstock Lockett, Southport	...	...	...	2	...	—	...
<b>TOTALS</b>				106	...	118	...



## Section 7

**MISCELLANEOUS.**

**Co-operation.** Teachers, parents and School Welfare Officers have fully co-operated in the work of the School Medical Department. To them my thanks are expressed.

**The National Society for the Prevention of Cruelty to Children.** Eleven new cases were reported to the Society by officials of the School Health Service affecting fourteen children. Two cases were of failure to provide ophthalmic treatment, one of these being prosecuted and bound over on condition the child received treatment. The other nine cases were of neglect, mostly verminous heads, etc. all of which responded to warnings.

**Licensing of Children for Entertainments during 1953.**

Fifty-nine children, licensed to perform on tour, appeared at local theatres. Their lodgings, dressing room accommodation, licences and school records were all examined by the School Welfare Officers.

**Employment of Children and Young Persons.** School Medical Officers examined 1,073 children for employment during 1953.

390 children (347 boys and 43 girls) were newly licensed (after a special medical examination) for employment out of school hours.

**Deaths of School Children, 1953.**

Tuberculosis	...	...	...	...	...	1
Diabetes	...	...	...	...	...	1
Post-operation	...	...	...	...	...	1
Accidents	...	...	...	..	...	4
						<hr/> 7 <hr/>

**Nursery Classes.** There are 32 Nursery Classes in the Borough for the accommodation of children between the ages of 3 and 5 years. Inspection findings of children in attendance at these classes are incorporated in the 'Entrant group' of routine medical inspection.

The number of children on the rolls at the end of the year was 1,036.

The School Nurses visit each Nursery Class at frequent regular intervals.

**Physical Education.** I am indebted to the Chief Education Officer for the following report on physical education in the schools.

"The year 1952-53 has been marked by steady progress in all branches of Physical Education. The overall picture is pleasing, and teachers are to be thanked for their enthusiasm and willingness to take part in out-of-school activities. It is felt that the standard reached in all branches has attained a higher level than ever before. School Speech Days provided us with a first-hand indication of this high standard through the excellent P.T. Displays and dancing.

Most schools are well equipped with small games equipment, but the purchase of large equipment is limited to new schools as the charge is included in capital expenditure. A new outdoor gymnasium was provided at Longshaw Infants' School and its success and popularity are assured.

Lammack Primary School was opened at Whitsuntide and from the Physical Education standpoint it is one of the best equipped schools of its type in the country.

There has been an increased interest in tennis and cricket in our Secondary Schools. Two boys' schools are now playing tennis regularly, whilst an inter-schools cricket league has operated successfully. As a result of this, Blackburn Schools have now been affiliated to the Lancashire Schools' Cricket Association and will take part in all competitions organised by this association. Ten Blackburn teachers have now obtained the Group Coaching Proficiency Certificate awarded by the Lancashire Youth Cricket Council. These teachers have attended courses of 16 hours' duration at Barton Street Gymnasium.

We are indebted to teachers who are members of the Blackburn School Athletic Association and who have freely given of their leisure time in arranging inter-school competitions out of school hours. Once again the football and netball competitions were a great success and the Athletic Sports were well organised. The swimming section has been very much in evidence and after successful galas entered a team of girls and boys in the Lancashire County Championships.

### **Swimming.**

All of our secondary schools held their own swimming galas and all secondary schools were represented in the town swimming galas. St. Peter C.E. Boys' Secondary Modern School made history by reaching the final of the northern schools squadron championship.

Examinations for style certificates were introduced for the first time and should prove a valuable asset in making school children style conscious.

Numbers attending the swimming baths for swimming instruction during school hours are as follows :

			Totals	Weekly Average
Belper Street (Boys)	...	...	22321	1063
Freekleton Street (Boys)	...	...	23390	1114
Blakey Moor (Girls, May to October)	}			
(Boys, Nov. and Dec.)		...	31149	1112

The consistently high number of awards of the Royal Life Saving Society has been maintained and Bangor Street Boys' Secondary Modern School gained the Maude Russell Rose Bowl and Sir John Singleton Trophy in open competition with schools in North-East Lancashire.

#### Number of Life Saving Awards :

Elementary Certificate	...	...	...	262
Intermediate Certificate	...	...	...	160
Bronze Medallion	...	...	...	121
Bar to Bronze Medallion	...	...	...	16
Instructor's Certificate	...	...	...	17
Bronze Cross	...	...	...	40
Award of Merit	...	...	...	3
Total				619

#### Harrison Gymnasium.

Recreative Physical Training Classes for Girls and Boys were held at the Harrison Gymnasium each week-day evening from September 1952, to March 1953. The attendances were good and well maintained throughout the session.

The Harrison Gymnasium football teams have had an excellent season. The first team made good progress in the Lancashire Amateur Cup and reached the finals of the St. Thomas' and Mill Hill St. Peter's Medal Competitions.

#### HARRISON GYMNASIUM—ATTENDANCES :

				<i>Average each Evening</i>	
				Junior class	Senior class
Monday (Boys)	...	...	...	50.1	24.5
Tuesday (Girls)	...	...	...	35.6	34.3
Wednesday (Boys)	...	...	...	44.3	27.6
Thursday (Girls)	...	...	...	37.2	36.5
Friday (Boys)	...	...	...	37.4	34.3

				<i>Total Number of Attendances</i>		
				Junior class		Senior class
Monday (Boys) ...	...	...	...	1501	...	735
Tuesday (Girls) ...	...	...	...	1067	...	1031
Wednesday (Boys) ...	...	...	...	1329	...	828
Thursday (Girls) ...	...	...	...	1118	...	1097
Friday (Boys) ...	...	...	...	1112	...	1029

Barton Street Gynmasium has proved an excellent centre. It is used by the Technical High School and Blakey Moor Boys' School during school hours whilst regular Scottish Dancing and P.T. Classes for Girls have been held from September to March.

		Average		Total
		per evening		Attendances
Scottish Country Dancing (Tuesday) ...	...	27.3	...	546
Physieal Training (Girls) Friday ...	...	38.4	...	768

**Milk Supplied in Schools.** During the year, 2,473,465 bottles (each bottle containing  $\frac{1}{3}$  pint) were supplied to children free of charge, including 60,037 bottles to children attending Blackamoor Open Air School.

**School Meals Service.**

Meals supplied to children during the year, 1st January, 1953—31st December, 1953.

Meals supplied free (necessitous cases)...	...	87,516
Meals supplied for payment	... ..	1,363,616
Cottage Homes	... ..	5,592
Intaek Nursery	... ..	763
Queen Elizabeth's Grammar School	... ..	15,295
Kelsall Avenue Nursery (Paid 2,232, Free 63)		2,295

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Total meals supplied during the year to school children	... ..	1,475,077
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Average daily number fed during each month in 1953 :—

January	9,191	May	8,373	September	8,619
February	9,141	June	8,322	October	8,603
March	8,601	July	8,230	November	8,590
April	8,480	August	159	December	8,569

*Table 13.*

**Heights and Weights 1953**

Year of Birth of Groups Examined	BOYS			GIRLS		
	No. Examined	Average Height in Inches	Average Weight in Pounds	No. Examined	Average Height in Inches	Average Weight in Pounds
1938	399	62 $\frac{1}{4}$	106 $\frac{1}{4}$	399	60 $\frac{3}{4}$	106 $\frac{3}{4}$
1941	147	55 $\frac{1}{4}$	75 $\frac{1}{2}$	171	55 $\frac{1}{4}$	73 $\frac{1}{4}$
1942	372	55	72 $\frac{1}{4}$	393	54 $\frac{1}{4}$	72
1946	33	46 $\frac{3}{4}$	51 $\frac{1}{4}$	35	47 $\frac{1}{4}$	52
1947	176	42 $\frac{3}{4}$	46 $\frac{1}{4}$	188	44 $\frac{1}{4}$	44 $\frac{3}{4}$
1948	427	42 $\frac{1}{2}$	41 $\frac{3}{4}$	364	42 $\frac{1}{4}$	41 $\frac{3}{4}$
1949	284	41	39 $\frac{1}{2}$	217	40 $\frac{1}{2}$	38
1950	51	38	34 $\frac{1}{4}$	54	37 $\frac{1}{4}$	34



## SCHOOL MEALS SERVICE.

### Specimen Menu for Four-weekly period.

#### MONDAY

Steak and Kidney Pie.  
Potatoes. Carrots. Gravy.  
Semolina Pudding and  
Rose Hip Syrup.

Stew. Peas. Potatoes.  
College Pudding and  
White Sauce.

Beef Steak Pudding.  
Carrots. Potatoes. Gravy.  
Rice Pudding and Raisins.

Meat Squares. Beans  
Potatoes. Gravy.  
Plum Sponge and  
Chocolate Sauce.

#### TUESDAY

Hot Pot. Gravy.  
Carrots and Swedes.  
Stewed Fruit and Custard.  
Ginger biscuit.

Steak and Onions.  
Carrots. Potatoes. Gravy.  
Fruit Crumble and  
Custard.

Savoury Mince.  
Cabbage. Gravy.  
Roast & Boiled Potatoes.  
Bakewell Tart and Custard.

Steak & Onions. Carrots.  
Mashed Potatoes. Gravy.  
Raisin Slice and Custard.

#### WEDNESDAY

Steak and Onions. Gravy.  
Potatoes. Cabbage.  
Eve's Pudding & Custard.

Roast Meat. Winter Salad.  
Creamed Potatoes. Dressing.  
Steamed Jam Sponge and  
Custard.

Meat Pie. Cabbage.  
Potatoes. Gravy.  
Semolina Pudding and Jam.

#### THURSDAY

Roast Meat. Winter Salad.  
Creamed Potatoes. Dressing.  
Bilberry Tart and Custard.

Boiled Ham. Winter Salad.  
Creamed Potatoes. Dressing.  
Stewed Fruit and Custard.  
Shortbread.

Roast Meat.  
Carrots and Swedes.  
Roast and Boiled Potatoes.  
Fruit Crumble and Custard.

#### FRIDAY

Cheese and Onion Pie.  
Creamed Potatoes. Carrots.  
Rice Pudding and Raisins.

Fish Pie. Beans in Tomato.  
Beetroot (slico).  
Steamed Ginger Sponge and  
Custard.

Potato Pie or Vegetable Pie.  
Beetroot.  
Stewed Fruit and Custard.

Sausage and Cheese Roll.  
Winter Salad. Dressing.  
Creamed Potatoes.  
Eve's Pudding and Custard.

MINISTRY OF EDUCATION. MEDICAL INSPECTION RETURNS.  
YEAR ENDED 31st DECEMBER 1953

Table 14.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS

## A—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:

Entrants	...	...	...	...	1986
Second Age Group	...	...	...	...	1169
Third Age Group	...	...	...	...	863
Total	...	...	...	...	4018
Number of Periodic Inspections	...	...	...	...	131
Grand Total	...	...	...	...	4149

## B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	2255
Number of Re-Inspections	...	...	...	3499
Total	...	...	...	5754

## C.—PUPILS FOUND TO REQUIRE TREATMENT

*Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).*

Group	For defective vision (ex'd'ng squint)	For any of the other conditions recorded in Table 15	Total individual pupils
(1)	(2)	(3)	(4)
Entrants ... ..	3	222	223
Second Age Group ... ..	117	96	197
Third Age Group ... ..	100	21	120
Total (prescribed groups)	220	339	540
Other Periodic Inspections ...	21	8	27
Grand Total ... ..	241	347	567

Table 15.

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease  (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment  (2)	Requiring to be kept under observation but not requiring treatment  (3)	Requiring treatment  (4)	Requiring to be kept under observation but not requiring treatment  (5)
4.	Skin ... ..	1	13	3	—
5.	Eyes —a. Vision ...	241	85	76	6
	b. Squint ...	56	7	30	—
	c. Other ...	7	3	3	—
6.	Ears —a. Hearing ...	27	7	13	—
	b. Otitis Media ...	12	4	—	—
	c. Other ...	5	1	2	—
7.	Nose or Throat ... ..	67	151	142	5
8.	Speech ... ..	16	20	7	1
9.	Cervical Glands ... ..	2	14	3	—
10.	Heart and Circulation ...	39	16	1	1
11.	Lungs ... ..	23	91	21	—
12.	Developmental—				
	a. Hernia ...	—	3	—	—
	b. Other ...	1	11	—	—
13.	Orthopaedic—				
	a. Posture ...	30	12	1	—
	b. Flat Foot ...	14	24	2	—
	c. Other... ...	34	46	12	—
14.	Nervous System—				
	a. Epilepsy ...	—	—	1	—
	b. Other ...	1	1	8	—
15.	Psychological—				
	a. Development ...	3	—	7	—
	b. Stability ...	—	—	—	—
16.	Other ... ..	9	4	46	—

Table 16.

## TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

## GROUP 1.—DISEASES OF THE SKIN (excluding uncleanness, for which see Table 18)

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp ... ..	1	—
(ii) Body ... ..	2	—
Scabies ... ..	3	—
Impetigo ... ..	25	—
Other skin diseases ... ..	192	—
Total ...	223	—

## GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint ... ..	35	7 Hospital
Errors of Refraction (including squint)	1405	61 In-patients
Total ...	1440	68
Number of pupils for whom spectacles were		
(a) Prescribed ... ..	500*	...
(b) Obtained ... ..	445*	...

\* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

## GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear ... ..	—	66
(b) for adenoids and chronic tonsillitis	—	354
(c) for other nose and throat conditions	—	10
Received other forms of treatment ...	30	149
Total ...	30	579

## GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals ... ..	58	
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	By the Authority 311	Otherwise —

## GROUP 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics ... ..	—	21

## GROUP 6.—SPEECH THERAPY

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists ... ..	31	—

## GROUP 7.—OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments ...	606	—
(b) Other (specify)		
1. Orthoptics ... ..	490*	—
2. Sunlight ... ..	84	—
Total ...	1180	—

\* In addition, 296 Lancashire County Council cases were dealt with during the year.





(8) Number of Teeth Filled :	Permanent Teeth	...	...	...	...	2687
	Temporary Teeth	...	...	...	...	253
				Total	...	2940
(9) Extractions :	Permanent Teeth	...	...	...	...	1009
	Temporary Teeth	...	...	...	...	6564
				Total	...	7573
(10) Administration of general anaesthetics for extraction		...	...	...	...	771
(11) Other Operations :	(a) Permanent Teeth	...	...	...	...	1076
	(b) Temporary Teeth	...	...	...	...	40
				Total (a) and (b)		1116

Table 18.

## INFESTATION WITH VERMIN.

NOTES.—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils should appear in the body of the Principal School Medical Officer's Report.

All cases of infestation, however slight, should be recorded.

The return should relate to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	...	...	...	...	...	...	32899
(ii) Total number of <i>individual</i> pupils found to be infested...	...	...	...	...	...	2093	
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)...	...	...	...	...	...	---	
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)...	...	...	...	...	...	---	

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